FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018659 (0)

1. Corporation Name
ACA TAMPA, INC.

Principal Place of Business
12384 CONDE DRIVE
BROOKSVILLE FL 34613

Mailing Address
12384 CONDE DRIVE
BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3331913 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. The corporation has ability to elect to be under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CHARNOCK, WILLIAM T III
5358 SPRING HILL DR.
SPRING HILL FL 34606

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CULLEN, R. CRAIG
STREET ADDRESS	12384 CONDE DRIVE
CITY, ST, ZIP	BROOKSVILLE FL 34613

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D ☐ Change ☒ Addition
1. NAME	WATERS JR, E. WEETAMYTON
1. STREET ADDRESS	4322 LONG CHAMP DR
1. CITY, ST, ZIP	SARASOTA, FL. 33580
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the officers and directors on the annual report or supplemental annual report are true and correct copies and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person designated to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the corporate document with my address.

SIGNATURE: [signature] 4-28-95 813-848-5584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. CRAIG CULLEN

0370100 CP