

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

CHARNOCK, WILLIAM T III
5358 SPRING HILL DR.
SPRING HILL FL 34606

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3231913

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. This corporation has liability for in-
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

SMITTY SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

13151 SPRING HILL DRIVE

83

84 City

SPRING HILL

FL

85

34609

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 607.0502, Florida Statutes.

SIGNATURE

[Signature]
Signature typed or printed name of current registered agent and title (if applicable)

Smitty Smith
Signature typed or printed name of new registered agent

5/16/96
DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

CULLEN, R. CRAIG
12384 CONDE DRIVE
BROOKSVILLE FL 34613

TITLE

D

☐ DELETE

NAME

WATERS JR, WORTHINGTON E
4322 LONG CHAMP DRIVE
SARASOTA FL

TITLE

☐ DELETE

NAME

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TITLE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6319 BALDWIN AVENUE
NEW PORT RICHEY, FLORIDA 34653

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or adding an attachment with an address.

SIGNATURE

[Signature]
Signature typed or printed name of signing officer or director

V.P.

4/7/96

813-848-5584

CR2E034 (12/95)