FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 APR 30 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G08090** **(4)**

1. Corporation Name
TAMPA BAY BASEBALL GROUP, INC.

Principal Place of Business	Mailing Address
% J.B. HUMPHRIES 501 E. KENNEDY BLVD. - SUITE 1700 TAMPA FL 33602	% J.B. HUMPHRIES 501 E. KENNEDY BLVD. - SUITE 1700 TAMPA FL 33602-4988

3. Date Incorporated or Qualified: **11/12/1982**
3a. Date of Last Report: **04/30/1996**

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

4. FEI Number: **59-2256432** ☐ 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HIGBEE, ALAN R
ONE MACK CNTR STE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MCGINTY, EDWARD A		1.2 NAME	Casper, Joseph	
STREET ADDRESS	101 E. KENNEDY BLVD., #200		1.3 STREET ADDRESS	4908 W. Nassau	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WINTON, EDWARD		2.2 NAME	duPont, Thomas L.	
STREET ADDRESS	1401 MACLAY COMMERCE DIVE		2.3 STREET ADDRESS	2502 N. Rockey Point Drive, Ste 1095	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, GARRY L		3.2 NAME		
STREET ADDRESS	5201 W. KENNEDY BLVD., #506		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUMPHRIES, BOB J		4.2 NAME		
STREET ADDRESS	ONE MACK CNTR, STE 1700		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CUSACK, JAMES J		5.2 NAME		
STREET ADDRESS	501 E. KENNEDY BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORSANI, FRANK L		6.2 NAME		
STREET ADDRESS	15438 N FLORIDA AVE #204		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

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****165.00 ****165.00

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE: J. Bob Humphries, Secretary — 4/29/97 (813) 222-1173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #