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Apr 10 1997 8:00am
Secretary of State

PROFIT,
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # 516824

(0)

1. Corporation Name

TAMPA BAY REALTY, INC.

~~THIS IS A Duplicate of Document~~



Principal Place of Business

4901 W. CYPRESS ST STE 200
TAMPA FL 33607

Mailing Address

4901 W. CYPRESS ST STE 200
TAMPA FL 33607-3899

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/20/1976		04/17/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1262293		Not Applicable	
24 Country		29 Country		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

KILLIAN, DORIS L
4901 W. CYPRESS ST
TAMPA, FL
33607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

Signature, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	KILLIAN, DORIS L	1.2 NAME	
STREET ADDRESS	4901 W CYPRESS ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	COSTANGO, SHIRLEY A	2.2 NAME	
STREET ADDRESS	4901 W CYPRESS ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	BARFIELD, JOHN A	3.2 NAME	
STREET ADDRESS	4901 W CYPRESS ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	COLEMAN, JANA A	4.2 NAME	
STREET ADDRESS	4901 W. CYPRESS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A Barfield

4/3/97

813-289-6400

Daytime Phone #

0350976

CR2E034 (9/96)