

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:25

DOCUMENT # 732902 (2)
1. Corporation Name
THE TAMPA BAY ESTATE PLANNING COUNCIL, INC.

Principal Place of Business Mailing Address
P O BOX 17855 TAMPA FL 33682 P O BOX 17855 TAMPA FL 33682

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/02/1975	3a. Date of Last Report 03/17/1994
4. FEI Number 51-0173888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
TOLLE, DIRK V
315 E. MADISON ST.
TAMPA FL 33602

10. Name and Address of New Registered Agent
B1 Name Joseph T. Ramenda
B2 Street Address (P.O. Box Number is Not Acceptable) 500 N. Westshore Blvd.
B3 Suite 620
B4 City Tampa FL FL B5 Zip Code 33609

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 *Joseph T. Ramenda* DATE 2-2-95

12. OFFICERS AND DIRECTORS

TITLE	FD
NAME	EYES, DON E.
STREET ADDRESS	1400 N. WESTSHORE BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	V
NAME	ELLWANGER, THOMAS J.
STREET ADDRESS	501 E. KENNEDY BLVD
CITY - ST - ZIP	TAMPA FL
TITLE	V
NAME	ROOKS, RONALD D.
STREET ADDRESS	511 BAY STREET, STE. 300
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	RAMENDA, JOSEPH T
STREET ADDRESS	500 N. WESTSHORE BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	TAGOR, FRANK D.
STREET ADDRESS	400 N. ASHLEY DRIVE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	THOMAS, WILLIAM G.
STREET ADDRESS	4010 BOY SCOUT BLVD.
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TOLLE, DIRK V.	
1.3 STREET ADDRESS	315 E. MADISON ST.	
1.4 CITY - ST - ZIP	TAMPA FL 33602	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BEDING-FIELD, MILT O.	
5.3 STREET ADDRESS	4350 W. CYPRESS ST. # 436	
5.4 CITY - ST - ZIP	TAMPA FL 33607	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ENGLOND, GARY A.	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph T. Ramenda* DATE 2-2-95 813-289-9161