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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738301

1. Corporation Name
TAMPA CROSSROADS, INC.

Principal Place of Business	Mailing Address
5120 N. NEBRASKA AVENUE TAMPA FL 33603	5120 N. NEBRASKA AVENUE TAMPA FL 33603

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/08/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1743719 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HANLON, JAMES
101 E. KENNEDY BLVD,
SUITE 1500
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE James R. Hanlon, TREASURER 1/21/99
Signature, typed 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	CD	☒ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	PARKHILL, HELEN		1.2 NAME	ELLEN BROWN	
STREET ADDRESS	300 S. HYDE PARK AVE., SUITE 150		1.3 STREET ADDRESS	3308 E. SEVILLA CIRCLE	
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	TAMPA FL 33629	
TITLE	CED	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAREY, KEVIN		2.2 NAME		
STREET ADDRESS	P O BOX 3239 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33601		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STECK, BARBARA		3.2 NAME		
STREET ADDRESS	202 N. GRADY AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PARRISH, DAVID C		4.2 NAME		
STREET ADDRESS	P O BOX 3371 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33601		4.4 CITY-ST-ZIP		
TITLE	PCEO	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PLANT, PETER		5.2 NAME		
STREET ADDRESS	6 FORESTALL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FERRARO, JOSEPH		6.2 NAME		
STREET ADDRESS	1511 N WESTSHORE BLVD, STE 600		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607-4523		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Hanlon REQUIRED 1/21/99 813-229-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #