SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED ANNUAL REPORT** Secretary of State Jun 28 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State DOCUMENT #

1. Corporation Name 743899 (7) TAMPA HOUSING DEVELOPMENT CORPORATION, INC. Principal Place of Business Mailing Address 1514 UNION STREET 1514 UNION STREET TAMPA FL 33607 TAMPA FL 33607 3. Date Incorporated or Qualified 3a. Date of Last Report 08/10/1978 03/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For -59-6001289 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zıp Country 8. This corporation has liability for intangible tax under s. 199.032. 24 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GILMORE, RICARDO L., ESQ. Street Address (P.O. Box Number is Not Acceptable) 334 S. HYDE PARK AVE. TAMPA FL 33606 83 R4 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE n DELETE 11 TITLE Board OF DiRectors Change Addition **GUY, CHARLIE I** NAME Blake Clemens 3318 Palmira Avenue 1.2 NAME E037 STREET AODRESS 2701 W BUSCH BLVD 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TAMPA, FL TITLE DELETE 21 TITLE Change Addition NAME SUMPTER, LANNY 22 NAME 1908 W PLATT ST STREET ADDRESS 2 3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2 4 CITY - ST- ZIP TITLE DELETE 3.1 TITLE board OF Directors Change ★ Addition WOODS, SANDY NAME 3.2 NAME Dr. Margaret A. Fisher 1807 E. Br. Martin Lather King Jr. BlvD 9815 CURRIE DAVIS DR STREET ADDRESS 3 3 STREET ADDRESS TAMPA FL Tampa, FL 33661 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition HERNANDEZ, GILBERTO NAME 4 2 NAME 918 E BUSCH BLVD STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition RATH, FRED NAME 5.2 NAME STREET ADDRESS 101 E. KENNEDY BLVD. 5.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE (HANNAH!) Change . Addition SHIPP, ROBERT NAME 6.2 NAME 4424 ATWATER DRIVE STREET ADDRESS 6.3 STREET ADDRESS TAMPA FL 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 119.07(3)(k), Florida Statutes 1 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 13 if changed, or on an attachment with an address.

SIGNATURE: