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CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 8:12

DOCUMENT # 764205 (1)

1. Corporation Name

EXECUTIVE SERVICE CORPS OF TAMPA, INC.

Principal Place of Business	Mailing Address
134 S TAMPA ST TAMPA FL 33602-5354 US	134 S TAMPA ST TAMPA FL 33602-5354 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1982	3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1483906	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1411 N. Westshore Blvd.	26 1411 N. Westshore Blvd.
Suite, Apt. #, etc: 22 Suite 213	Suite, Apt. #, etc: 27 Suite 213
City & State: 23 Tampa, FL	City & State: 28 Tampa, FL
Zip: 24 33607-4529 Country: 25 US	Zip: 29 33607-4529 Country: 30 US

9. Name and Address of Current Registered Agent

JOHNSON, CARL W.
134 S. TAMPA STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1411 N. Westshore Blvd., Suite 213
83
84 City: Tampa FL 85 Zip Code: 33607-4529

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 X [signature] Carl W. Johnson, Executive Director 4/19/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T / DIRECTOR	11 TITLE		☐ Change ☐ Addition
NAME	LACKMAN, GEORGE E.	12 NAME		
STREET ADDRESS	100 S. ASHLEY DRIVE, SUITE 1000	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	Secretary/DIRECTOR	☒ Change ☐ Addition
NAME	PAUL, GABRIEL	22 NAME	Donald D. Gall	
STREET ADDRESS	5115 S. NICHOL ST.	23 STREET ADDRESS	1127 Flores De Avila	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, FL 33613	
TITLE	V / DIRECTOR	31 TITLE	President/DIRECTOR	☒ Change ☐ Addition
NAME	LOCKE, RICHARD M	32 NAME		
STREET ADDRESS	9840 CURRIE DAVIS BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	NEUMAN, W. K	42 NAME		
STREET ADDRESS	72 MARTINIQUE	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	P	51 TITLE	Vice President/DIRECTOR	☒ Change ☐ Addition
NAME	BROWN, JOHN L	52 NAME	Helen A. Davis	
STREET ADDRESS	4141 BAYSHORE BLVD, #1601	53 STREET ADDRESS	2403 S. Ardson Place, #902B	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	Tampa, FL 33629	
TITLE	V/ DIRECTOR	61 TITLE		☐ Change ☐ Addition
NAME	TAPLEY, JOHN M	62 NAME		
STREET ADDRESS	3106 SAN RAFAEL	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	64 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. 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.

SIGNATURE: X [signature: John M. Tapley] 4/19/95 (813) 282-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014032