

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764205** (1)

1. Corporation Name

EXECUTIVE SERVICE CORPS OF TAMPA, INC.

Principal Place of Business

Mailing Address

**1411 N WESTSHORE BLVD
SUITE 213
TAMPA FL 33602-5354
US**

**1411 WEST SHORE BLVD
SUITE 213
TAMPA FL 33602-5354
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/19/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

58-1483906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**JOHNSON, CARL W.
1411 N WESTSHORE BLVD SUITE 213
TAMPA FL 33607**

81 Name

James F. Higgins

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**

I, 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 F. Higgins

James F. Higgins, Exec. Director

2/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE ☐ DELETE

NAME **T LACKMAN, GEORGE E.**
STREET ADDRESS **100 S. ASHLEY DRIVE, SUITE 1000**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **SD GALL, DONALD D**
STREET ADDRESS **1127 FLORES DE AVILA**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **PD LOCKE, RICHARD M**
STREET ADDRESS **9840 CURRIE DAVIS BLVD**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE

NAME **D NEUMAN, W. K**
STREET ADDRESS **72 MARTINIQUE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE

NAME **VPD DAVIS, HELEN A**
STREET ADDRESS **2403 S ARDSON PL 902B**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **VD TAPLEY, JOHN M**
STREET ADDRESS **3106 SAN RAFAEL**
CITY-ST-ZIP **TAMPA FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Vice President

Immediate Past President

Secretary

**Robert G. Hale
3109 Bay Villa Drive
Tampa, FL 33611**

President

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:

James F. Higgins

James F. Higgins, Exec. Dir.

2/28/96 (813) 282-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **56 3-72-96**

CR2E037 (12/95)