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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764205

1. Corporation Name

EXECUTIVE SERVICE CORPS OF TAMPA, INC.

Principal Place of Business

1411 N WESTSHORE BLVD
 SUITE 213
 TAMPA FL 33607-4529
 US

Mailing Address

1411 WEST SHORE BLVD
 SUITE 213
 TAMPA FL 33607-4529
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/19/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1483906	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HALE, ROBERT G
3019 BAY VILLA DR
TAMPA FL 33611

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	* 2202
84	City
85	Zip Code
FL	33629

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACKMAN, GEORGE E.	1.2 NAME	
STREET ADDRESS	17906 SIMMS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALL, DONALD D	2.2 NAME	Paul Singleton
STREET ADDRESS	1127 FLORES DE AVILA	2.3 STREET ADDRESS	3101 S. Omar Ave
CITY-ST-ZIP	TAMPA FL 33613	2.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABONE, DONALD J	3.2 NAME	
STREET ADDRESS	4137 SALTWATER BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, ROBERT G	4.2 NAME	
STREET ADDRESS	3109 BAY VILLA DR	4.3 STREET ADDRESS	2413 Bayshore Blvd #2202
CITY-ST-ZIP	TAMPA FL 33611	4.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	PDD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPLEY, JOHN M	5.2 NAME	
STREET ADDRESS	3106 SAN RAFAEL	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, LEWIS	6.2 NAME	
STREET ADDRESS	16410 AVILLA BLVD	6.3 STREET ADDRESS	August Freundlich
CITY-ST-ZIP	TAMPA FL 33613	6.4 CITY-ST-ZIP	18407 Timberlan Dr.
			Lotz, FL 33549

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: _____ DATE: 3/2/99 DAYTIME PHONE #: 813.282.1188
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)