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FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F42896

(3)

1. Corporation Name

FIRST TAMPA CORPORATION

Principal Place of Business

OAKRIDGE G-71  
CENTURY VILLAGE  
DEERFIELD BEACH FL 33442  
US

Mailing Address

%ROBERT BARNES  
OAKRIDGE G-71 CENTURY VILLAGE  
DEERFIELD BEACH FL 33442  
US



3. Date Incorporated or Qualified

08/20/1981

3a. Date of Last Report

02/23/1996

4. FEI Number

59-2165649

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

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

☐ Yes ☐ No

2. Principal Place of Business

21 409 1813 Lane

Suite, Apt. #, etc.

22

City & State

23 SATELLITE BEACH, FL

Zip

24 32937

Country

25 BREVARD

2a. Mailing Address

26 409 1813 Lane

Suite, Apt. #, etc.

27

City & State

28 SATELLITE BEACH, FL

Zip

29 32937

Country

30 BREVARD

9. Name and Address of Current Registered Agent

BARNES, ROBERT I.  
OAKRIDGE G-71  
CENTURY VILLAGE  
DEERFIELD FL 33442

10. Name and Address of New Registered Agent

81 Name

ROBERT BARNES

82 Street Address (P.O. Box Number is Not Acceptable)

409 1813 Lane

83

84 City

SATELLITE BEACH, FL

85 Zip Code

32937

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME BARNES, ROBERT I.  
STREET ADDRESS OAKRIDGE G-71 CENTURY VILLAGE  
CITY - ST - ZIP DEERFIELD BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME BARNES, ROBERT I.  
1.3 STREET ADDRESS 409 1813 Lane  
1.4 CITY - ST - ZIP SATELLITE BEACH, FL 32937

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT BARNES

4/28/97 (407) 777-8734

CR2E034 (9/96)