

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F49038 (5)**  
1. Corporation Name  
**CORPOREX DEVELOPMENT SERVICES OF TAMPA, INC.**



Principal Place of Business Mailing Address  
**50 E RIVERCENTER BLVD  
SUITE 1200  
COVINGTON KY 41011**

3. Date Incorporated or Qualified **10/08/1981** 3a. Date of Last Report **04/26/1995**  
4. FEI Number **61-0996534** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**BAUMEISTER, WILLIAM F  
1075 GILLS DR  
STE 300  
ORLANDO FL 38224**

**10. Name and Address of New Registered Agent**

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

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 re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUTLER, WILLIAM P.	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY-ST-ZIP	COVINGTON KY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAUMEISTER, WILLIAM	
STREET ADDRESS	3710 CORPOREX PK DR #100	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLACKHAM, J W	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY-ST-ZIP	COVINGTON KY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KRZYMSKI, RICHARD	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY-ST-ZIP	COVINGTON KY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MALOTT, ELVA A	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY-ST-ZIP	COVINGTON KY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLARE, JOHN, E	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY-ST-ZIP	COVINGTON KY	

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hensley, Thomas E.
4.3 STREET ADDRESS	50 E. Rivercenter Blvd.
4.4 CITY-ST-ZIP	Covington Ky
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Thomas Hensley* **Thomas Hensley** Vice President 4/26/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)