

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **G08090**
1. Corporation Name
TAMPA BAY BASEBALL GROUP, INC.

(4)

Principal Place of Business % J.B. HUMPHRIES 501 E. KENNEDY BLVD. - SUITE 1700 TAMPA FL 33602	Mailing Address % J.B. HUMPHRIES 501 E. KENNEDY BLVD. - SUITE 1700 TAMPA FL 33602
---	---

FILED
98 MAR 24 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/12/1982	
21		26		4. FEI Number 59-2256432	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HIGBEE, ALAN R
ONE MACK CNTR STE 1700
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGINTY, EDWARD A	1.2 NAME	Casper, Joseph
STREET ADDRESS	101 E. KENNEDY BLVD., #200	1.3 STREET ADDRESS	4908 W. Nassau
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINTON, EDWARD	2.2 NAME	duPont, Thomas L.
STREET ADDRESS	1401 MACLAY COMMERCE DIVE	2.3 STREET ADDRESS	2502 N. Rocky Point Drive
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	300002467263-3
NAME	SMITH, GARRY L	3.2 NAME	-03/24/98--01105--016
STREET ADDRESS	5201 W. KENNEDY BLVD., #506	3.3 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHRIES, BOB J	4.2 NAME	
STREET ADDRESS	ONE MACK CNTR, STE 1700	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSACK, JAMES J	5.2 NAME	
STREET ADDRESS	501 E. KENNEDY BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSANI, FRANK L	6.2 NAME	
STREET ADDRESS	15438 N FLORIDA AVE #204	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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

SIGNATURE: **J. Bob Humphries, Secretary**

3/22/98

(813) 222-1173

CR2E034 (10/97)