

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 # H41005 (0)

1. Corporation Name

ELLIS & DIAZ, INC.



Principal Place of Business

3030 N. ROCKY POINT DR. W.
SUITE 280
TAMPA FL 33607

Mailing Address

3030 N. ROCKY POINT DR. W.
SUITE 280
TAMPA FL 33607

3. Date Incorporated or Qualified
02/01/1985

3a. Date of Last Report
04/11/1995

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

4. FEI Number

59-2491950

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

9. Name and Address of Current Registered Agent

ELLIS JR., HOWARD W.
5701 MARINER DRIVE #603
SUITE 200
TAMPA FL 33607

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 required, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ELLIS JR., HOWARD W.
STREET ADDRESS 5701 MARINER DRIVE #603
CITY-STATE-ZIP TAMPA FL ☐ DELETE

TITLE EVP
NAME DIAZ, WILLIAM P.
STREET ADDRESS 704 ROB ROY PLACE
CITY-STATE-ZIP TEMPLE TERRACE FL ☐ DELETE

TITLE VPST
NAME PAIGE, MARY JO
STREET ADDRESS 2657 DAWN DRIVE
CITY-STATE-ZIP CLEARWATER FL ☐ DELETE

TITLE VPD
NAME BEAN, PHYLLIS C. BAKER
STREET ADDRESS 175 98 AVENUE N.E.
CITY-STATE-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE D
NAME JONES, KENNETH
STREET ADDRESS 2731 WESTBURY AVENUE
CITY-STATE-ZIP PALM HARBOR FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VPD
4.3 STREET ADDRESS BAKER, PHYLLIS C.
4.4 CITY-STATE-ZIP 175-98 AVE NE
ST PETERSBURG FL 33702

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Howard W. Ellis Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Howard W. Ellis Jr.

4/11/96 813-281-0477
DATE DAYTIME PHONE #

CR2E034 (12/95)