

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 # H91809 (4)

1. Corporation Name

TAMPA CASTLE MGPC, INC.



Principal Place of Business

Mailing Address

14320 N. NEBRASKA
7301 TOPANGA CANYON BLVD #300
TAMPA FL 33612
US

5895 WINDWARD PKWY.
STE. 220
ALPHARETTA GA 30202-4182

3. Date incorporated or Qualified

12/27/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1746622

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 of corporation)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME PD
STREET ADDRESS DEMERAN, L. SCOTT -
CITY-ST-ZIP 5895 WINDWARD PKWY. STE. 220
ALPHARETTA GA 30202-4182

12 NAME Demeran, L. Scott

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME VD
STREET ADDRESS DEMERAN, JULIA E.
CITY-ST-ZIP 5895 WINDWARD PKWY. STE. 220
ALPHARETTA GA 30202-4182

22 NAME Demeran, Julia E.

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME VT
STREET ADDRESS HEGMAN, JOHN P.
CITY-ST-ZIP 5895 WINDWARD PKWY. STE. 220
ALPHARETTA GA 30202-4182

32 NAME v/m
33 STREET ADDRESS Gregg Waters
34 CITY-ST-ZIP 5895 Windward Pkwy Ste 220
Alpharetta Ga. 30202

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME VS
STREET ADDRESS HENDERSON, BETTY M.
CITY-ST-ZIP 5895 WINDWARD PKWY. STE. 220
ALPHARETTA GA 30202-4182

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME M
STREET ADDRESS TRAVIS, ANN C
CITY-ST-ZIP 5895 WINDWARD PKWY. STE. 220
ALPHARETTA GA 30202-4182

52 NAME V/T
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME M
STREET ADDRESS GILBERT, DENNIS C
CITY-ST-ZIP 5895 WINDWARD PKWY. STE. 220
ALPHARETTA GA 30202-4182

62 NAME
63 STREET ADDRESS
64 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:

Ann Travis

Ann Travis

310 Kilo

775-448-6640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)