FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JAN 30 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 30202-8605

3. Date Incorporated or Qualified: **12/27/1985**
3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: ~~59-1746022~~ 58-1746022 ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd
83:
84 City: Plantation **FL** 85 Zip Code: 33324

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: John J. Masters, Asst. Sec. 1/21/97
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	PD	☐ DELETE	1.1 TITLE	CEO	☐ Change ☑ Addition
NAME	DEMERAU, L. SCOTT		1.2 NAME	Robert Whitman	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220		1.3 STREET ADDRESS	5895 Windward Pkwy Ste 220	
CITY-ST-ZIP	ALPHARETTA GA		1.4 CITY-ST-ZIP	Alpharetta, GA 30202	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEMERAU, JULIA E.		2.2 NAME		
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA		2.4 CITY-ST-ZIP		
TITLE	VM	☑ DELETE	3.1 TITLE	CFO	☐ Change ☐ Addition
NAME	WATER, GREGG		3.2 NAME	Richard Fitzpatrick	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220		3.3 STREET ADDRESS	5895 Windward Pkwy Ste 220	
CITY-ST-ZIP	ALPHARETTA GA		3.4 CITY-ST-ZIP	Alpharetta, GA 30202	
TITLE	VS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, BETTY M.		4.2 NAME	200002074102--9	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220		4.3 STREET ADDRESS	-01/30/97--01086--012	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182		4.4 CITY-ST-ZIP	****165.00 ****165.00	
TITLE	VT	☐ DELETE	5.1 TITLE	MNB	☐ Change ☐ Addition
NAME	TRAVIS, ANN C		5.2 NAME		
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Ann Travis Ann Travis 1/30/97 770-442-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013335