

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H91811 (0)

1. Corporation Name

TAMPA MGPC, INC.



Principal Place of Business

Mailing Address

14300 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

59-1746605

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES STREET  
STE. 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 (if applicable)

(NOTE: Registered Agent's signature required when "reinstating")

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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

☒ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96  
Date

770-443-6640  
Daytime Phone

CR2E034 (12/95)