FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:22

DOCUMENT # J28511 (0)

1. Corporation Name
INTERBAY PLAZA, INC.

Principal Place of Business	Mailing Address
% J. THOMAS TOUCHTON ONE TAMPA CITY CENTER, SUITE 3405 TAMPA FL 33602 US	% J. THOMAS TOUCHTON ONE TAMPA CITY CENTER, SUITE 3405 TAMPA FL 33602 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/13/1986
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2712801 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TOUCHTON, J. THOMAS
ONE TAMPA CITY CENTER
SUITE 3405
TAMPA FL 33602

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 agree to comply with, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE J. Thomas Touchton 2/14/95
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	VD	1.1 TITLE	D DELETE ☐ Change ☐ Addition
NAME	TOUCHTON, LAVINIA LEE W.	1.2 NAME	Trieschmann, Ralph M., Jr.
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 3405	1.3 STREET ADDRESS	One Tampa City Center, Suite 3405
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	TOUCHTON, J. THOMAS	2.2 NAME	
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 3405	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	DURFEE, JACQUELINE D.	3.2 NAME	
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 3405	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TOUCHTON, JOHN T JR.	4.2 NAME	
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 3405	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	TRIESCHMANN, LAVINIA T.	5.2 NAME	Touchton, Lavinia H.
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 3405	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WALKUP, MICHAEL H.	6.2 NAME	
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 3405	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 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)(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 above, or on an attachment with an address.

SIGNATURE: J. Thomas Touchton 2/14/95 813 228 7904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
J. Thomas Touchton, President

0260510 CP