

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 APR 13 PM 4: 13

DOCUMENT # K44039

(1)

1. Corporation Name

MANAGEMENT ADVISORS, INC. OF TAMPA

Principal Place of Business

1215 ROXMERE RD
TAMPA, FL
HILLSBOROUGH FL 33629-4225
US

Mailing Address

P O BOX 10890
TAMPA FL 33679-0890
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/08/1988

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2918454

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CARTER, JAMES A.
1215 ROXMERE ROAD
TAMPA FL 33629-4225

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 and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCT
NAME	CARTER, JAMES A., SR
STREET ADDRESS	1215 ROXMERE ROAD
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	CARTER, JAMES A., SR
STREET ADDRESS	1215 ROXMERE ROAD
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	CARTER, JEFFREY M.
STREET ADDRESS	716 S. ROME AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	CARTER, MARY B.
STREET ADDRESS	1215 ROXMERE ROAD
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	SD
4.3 STREET ADDRESS	CARTER, MARY B.
4.4 CITY - ST - ZIP	1215 ROXMERE RD
	TAMPA, FL 33629
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 a 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:

James A. Carter
JAMES A. CARTER

04-10-95

(913) 287-5726

Date

Signature of Agent