

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 # 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 10893  
TAMPA FL 33679-0893  
US

3. Date Incorporated or Qualified 11/08/1988 3a. Date of Last Report 04/13/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 if that is applicable

(If Other) Registered Agent signature required when filing this statement

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 RD.  
CITY-ST-ZIP TAMPA FL

TITLE Chairman  
NAME JAMES A. CARTER, JR  
STREET ADDRESS 1215 ROXMERE RD, TAMPA, FL 33629  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 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, changed or on an attachment with an address.

SIGNATURE:

JAMES A. CARTER, Pres. 4/15/96 (813) 286-0846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)