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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT #K48722 (8)
1. Corporation Name
One Stop Travel Centers of Tampa, Incorporated

Principal Place of Business: **110 S. Hoover Blvd. Suite 119 Tampa, FL 33629**
Mailing Address: **James M. Landis, Esq. P. O. Box 3391 Tampa, FL 33601-3391**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1988** 3a. Date of Last Report: **03/25/1994**
4. FEI Number: **59-2918350** 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**
7. This corporation has liability for franchise tax under § 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent
81. Name: **James M. Landis, Esquire**
82. Street Address (P.O. Box Number is Not Acceptable): **100 N. Tampa Street**
83. **Suite 2700**
84. City: **Tampa** FL 85. Zip Code: **33602**

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 _____ DATE _____
(Signature of person or persons who registered agent and the corporation) (Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President and Director	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erin W. McCarthy	2. NAME	
STREET ADDRESS	110 S. Hoover Blvd., Suite 119	3. STREET ADDRESS	400001478714
CITY ST ZIP	Tampa, FL 33629	4. CITY ST ZIP	-05/08/95--01043--007
TITLE		21. TITLE	****200.00 ****200.00
NAME		22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23. STREET ADDRESS	
CITY ST ZIP		24. CITY ST ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	T.S. 4/19/95
CITY ST ZIP		34. CITY ST ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY ST ZIP		44. CITY ST ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY ST ZIP		54. CITY ST ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY ST ZIP		64. 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 110.07(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate insofar as 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 or liquidator thereof to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Erin W. McCarthy* **Erin W. McCarthy** 4-12-95 813-286-0724
(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)