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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # K48722 1

1. Corporation Name
ONE STOP TRAVEL CENTERS OF TAMPA, INCORPOARATED

Principal Place of Business	Mailing Address
110. S. HOOVER BLVD. SUITE 119 TAMPA, FL 33629	PAUL C. DAVIS, ESQUIRE P.O. BOX 3239 TAMPA, FL 33602

3. Date Incorporated or Qualified: 12-2-88
3a. Date of Last Report: 11-7-96

2. Principal Place of Business	2a. Mailing Address
21	26 110 S. HOOVER BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 119
City & State 23	City & State 28 TAMPA, FL
Zip 24 / Country 25	Zip 29 33629 / Country 30 US

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, PAUL C. ESQUIRE
777 S. HARBOUR ISLAND BOULEVARD
SUITE 500
TAMPA, FL 33602 US

10. Name and Address of New Registered Agent

81 Name: MICHAEL R. CAREY
82 Street Address (P.O. Box Number is Not Acceptable): 100 S. ASHLEY DRIVE, SUITE 1190
83
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: X Michael R. Carey — Michael R. Carey — April 30, 1997.
(Signature, type or print 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	PD	☒ DELETE	1.1 TITLE	PT	☐ Change ☒ Addition
NAME	MCCARTHY, ERIN W.		1.2 NAME	JOHN D. STANTON	
STREET ADDRESS	110 S. HOOVER BLVD., SUITE 119		1.3 STREET ADDRESS	100 NORTH TAMPA ST., SUITE 2150	
CITY-ST-ZIP	TAMPA, FL 33609		1.4 CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	TD	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	WADE, SUSAN		2.2 NAME	EDITH M. SHUPTRINE	
STREET ADDRESS	110 S. HOOVER BLVD., SUITE 119		2.3 STREET ADDRESS	100 NORTH TAMPA ST., SUITE 2150	
CITY-ST-ZIP	TAMPA, FL 33609		2.4 CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

MW 5-6-97

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14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: JOHN STANTON, PRESIDENT 04/30/97. 813/226-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #