

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 26 AM 10:46

DOCUMENT # M84950

(8)

1. Corporation Name

STADIUM OFFICE COMPLEX, INC.

Principal Place of Business

711 N FLORIDA AVE
% BANKS, CHARLES M. SR. (P.O. BOX 1336)
TAMPA FL 33602-4415

Mailing Address

711 N FLORIDA AVE
% BANKS, CHARLES M. SR. (P.O. BOX 1336)
TAMPA FL 33602-4415

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/08/1988

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2897885

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. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

State

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

24

Zip

Country

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**BANKS, CHARLES M. SR.
711 N FLORIDA AVE
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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CSD

NAME

BANKS, CHARLES M. SR.

STREET ADDRESS

711 N FLORIDA AVE

CITY - ST - ZIP

TAMPA FL

TITLE

PD

NAME

BANKS, CHARLES M. JR.

STREET ADDRESS

711 N FLORIDA AVE

CITY - ST - ZIP

TAMPA FL

TITLE

TD

NAME

BANKS, M.L.

STREET ADDRESS

711 NORTH FLORIDA AVENUE

CITY - ST - ZIP

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 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 if changed, or on an attachment with an address.

SIGNATURE

Charles M. Banks, Sr.

Charles M. Banks, Sr., CSD 5/23/95 (813)221-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #