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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 MAY -1 PM 1:05

DOCUMENT # N26441 (8)

1. Corporation Name

INROADS/TAMPA BAY AREA, INC.

Principal Place of Business	Mailing Address
500 N WESTSHORE BLVD 525 TAMPA FL 33609 US	500 N WESTSHORE BLVD 525 TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 05/13/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 43-1461619 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HIGHLEYMAN, ALICIA M % BAYNARD, HARRELL, MASCARA ET AL 100 SECOND AVE. SOUTH, 12TH FLOOR ST. PETERSBURG FL 33701	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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D [X] Change [ ] Addition
NAME	~~PEEPLES, TANNIA TIMB~~	1 2 NAME	Terrin McKay - NationsBank
STREET ADDRESS	~~ONE NORTH DALE MABRY~~	1 3 STREET ADDRESS	XXXXX XXXX XXXXX 400 No. Ashley Dr.
CITY - ST - ZIP	~~TAMPA FL~~	1 4 CITY - ST - ZIP	Tampa, FL XXXXX 33602
TITLE	~~PD~~	2 1 TITLE	D [X] Change [ ] Addition
NAME	~~GALLAGHER, KAREN~~	2 2 NAME	Merlin Wadsworth - Tampa Electric
STREET ADDRESS	~~6205 BENJAMIN ROAD~~	2 3 STREET ADDRESS	RxOxxBoxxiii 702 No. Franklin Street
CITY - ST - ZIP	~~TAMPA FL 33634~~	2 4 CITY - ST - ZIP	Tampa, FL XXXXX 33602
TITLE	CD	3 1 TITLE	CD [ ] Change [X] Addition
NAME	~~BURWELL, ROBERT 1ST N~~	3 2 NAME	Girard Anderson - Tampa Electric
STREET ADDRESS	~~480 CLEVELAND STREET~~	3 3 STREET ADDRESS	RxOxxBoxxkkk 702 No. Franklin Street
CITY - ST - ZIP	~~CLEARWATER FL~~	3 4 CITY - ST - ZIP	Tampa, FL XXXXX 33602
TITLE	PD	4 1 TITLE	[X] Change [ ] Addition
NAME	SUNBANK OF TAMPA BAY	4 2 NAME	Patricia Meckley
STREET ADDRESS	315 EAST MADISON STR	4 3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4 4 CITY - ST - ZIP	
TITLE	SD	5 1 TITLE	[ ] Change [ ] Addition
NAME	HAMILTON, LAWRENCE	5 2 NAME	
STREET ADDRESS	11311 CONCEPT BLVD.	5 3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	5 4 CITY - ST - ZIP	
TITLE	~~DT~~	6 1 TITLE	[ ] Change [ ] Addition
NAME	~~WADSWORTH, MERLIN / TAMPA~~	6 2 NAME	
STREET ADDRESS	~~702 NO FRANKLIN STR~~	6 3 STREET ADDRESS	
CITY - ST - ZIP	~~TAMPA FL~~	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia S. Meckley 04/28/95 (813) 224-2120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003077