

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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**

3. Date Incorporated or Qualified

**05/13/1988**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1111 No. Westshore Blvd.**

**26 1111 No. Westshore Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 607**

**27 Suite 607**

City & State

City & State

**23 Tampa, FL**

**28 Tampa, FL**

Zip

Country

Zip

Country

**24 33607**

**25 USA**

**29 33607**

**30 USA**

4. FEI Number

**43-1461619**

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

**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 617.0502 and 617.1508, 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 617.0503, 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** ☒ DELETE  
NAME **MCKAY, TERRY**  
STREET ADDRESS **400 N ASHLEY DR**  
CITY - ST - ZIP **TAMPA FL**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Tony Parker - Barnett Bank of Tampa**  
1.3 STREET ADDRESS **3414 Bell Shoals Road**  
1.4 CITY - ST - ZIP **Tampa, FL 33594**

TITLE **D** ☐ DELETE  
NAME **WADSWORTH, MERLIN**  
STREET ADDRESS **702 N FRANKLIN ST**  
CITY - ST - ZIP **TAMPA FL**

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

TITLE **CD** ☐ DELETE  
NAME **ANDERSON, GIRARD**  
STREET ADDRESS **702 N FRANKLIN ST**  
CITY - ST - ZIP **TAMPA FL**

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

TITLE **PD** ☐ DELETE  
NAME **MECKLY, PATRICIA**  
STREET ADDRESS **315 EAST MADISON STR**  
CITY - ST - ZIP **TAMPA FL**

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

TITLE **SD** ☒ DELETE  
NAME **HAMILTON, LAWRENCE**  
STREET ADDRESS **11311 CONCEPT BLVD.**  
CITY - ST - ZIP **LARGO FL**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **LAWRENCE Hamilton - TECH DATA CORP.**  
5.3 STREET ADDRESS **5350 Tech Data Drive**  
5.4 CITY - ST - ZIP **Clearwater, FL 34620**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 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 Meckly*  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR  
Patricia Meckly

07/30/96

Date

813- 224-2120

Daytime Phone #

CP2E037 (3/96)