

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

APPROVED
AND
FILED

97 SEP 29 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

1111 NORTH WESTSHORE BLVD
SUITE 607
TAMPA FL 33607
US

1111 NORTH WESTSHORE BLVD
SUITE 607
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1988

3a. Date of Last Report

08/05/1996

4. FEI Number

43-1461619

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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

TITLE ☐ DELETE

NAME PARKER, TONY
STREET ADDRESS 3414 BELL SHOALS
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME WADSWORTH, MERLIN
STREET ADDRESS 702 N FRANKLIN ST
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME ANDERSON, GIRARD
STREET ADDRESS 702 N FRANKLIN ST
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME MECKLY, PATRICIA
STREET ADDRESS 315 EAST MADISON STR
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME HAMILTON, LAWRENCE
STREET ADDRESS 5350 TECH DATA DRIVE
CITY-ST-ZIP CLEARWATER F

TITLE ☐ DELETE

NAME Hosetta Coleman, NationsBank
STREET ADDRESS 400 No. Ashley Dr.
CITY-ST-ZIP Tampa, FL 33602

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002309373-12
-10/01/97-01109--020
*****70.00 *****70.00

Change ☐ Addition ☒

Hosetta Coleman, NationsBank
400 No. Ashley Drive
Tampa, FL 33602

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED

9/3/97 813-538-7013

CR2E037 (4/97)