

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

**05/13/1988**

4. FEI Number

**43-1461619**

Applied For

Not Applicable

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**23**  
City & State

**24**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**30**  
Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, TONY</b>	1.2 NAME	<b>DAVE RICHTER, GTE FLORIDA</b>
STREET ADDRESS	<b>3414 BELL SHOALS</b>	1.3 STREET ADDRESS	<b>201 NO. FRANKLIN STREET</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>TAMPA, FL 33602</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADSWORTH, MERLIN</b>	2.2 NAME	
STREET ADDRESS	<b>702 N FRANKLIN ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, GIRARD</b>	3.2 NAME	
STREET ADDRESS	<b>702 N FRANKLIN ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MECKLY, PATRICIA</b>	4.2 NAME	
STREET ADDRESS	<b>315 EAST MADISON STR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMILTON, LAWRENCE</b>	5.2 NAME	
STREET ADDRESS	<b>5350 TECH DATA DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLEMAN, HOSETTA</b>	6.2 NAME	
STREET ADDRESS	<b>400 NO. ASHLEY DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	6.4 CITY-ST-ZIP	

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 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 I. Meckly*

*1/30/98*

CR2E037 (10/97)