

FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90027 010 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26441

1. Corporation Name

INROADS/TAMPA BAY AREA, INC.

Principal Place of Business

1111 NORTH WESTSHORE BLVD
SUITE 607
TAMPA FL 33607
US

Mailing Address

1111 NORTH WESTSHORE BLVD
SUITE 607
TAMPA FL 33607
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/13/1988

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 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 D
NAME RICHTER, DAVE G
STREET ADDRESS 201 N FRANKLIN ST
CITY-ST-ZIP TAMPA FL 3360

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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

☒ DELETE

TITLE D
NAME HAMILTON, LAWRENCE
STREET ADDRESS 5350 TECH DATA DRIVE
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE D
NAME COLEMAN, HOSETTA
STREET ADDRESS 400 NO. ASHLEY DRIVE
CITY-ST-ZIP TAMPA FL 33602

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman
1.2 NAME Jack Murray
1.3 STREET ADDRESS 3501 Frontage Road
1.4 CITY-ST-ZIP Tampa, FL 33607

☐ Change ☐ Addition

2.1 TITLE Treasurer
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE Secretary
4.2 NAME Dorothy Smith
4.3 STREET ADDRESS 1000 N. Tampa St. Suite 34000
4.4 CITY-ST-ZIP Tampa, FL 33602

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE Vice-Chairman
6.2 NAME Terry Lewis
6.3 STREET ADDRESS 201 N. Franklin Street
6.4 CITY-ST-ZIP Tampa, FL 33601

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Signature of Jack Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99

CR2E037 (11/98)