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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N29048

1. Corporation Name

TAMPA UNION STATION PRESERVATION & REDEVELOPMENT
INC.

Principal Place of Business

4603 WISHART BLVD
TAMPA FL 33603
US

Mailing Address

4603 WISHART BLVD
TAMPA FL 33603
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

10/28/1988

4. FEI Number

59-6001874

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

SHEPARD, W. JAMES
5102 N. BRANCH AVE.
TAMPA FL 33603

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 DELETE

NAME HERRON, JIM
STREET ADDRESS 2016 N. VILLAGE AVE
CITY-ST-ZIP TAMPA FL

TITLE D DELETE

NAME MCQUIGG, JOHN
STREET ADDRESS 1000 W. HORATIO #125
CITY-ST-ZIP TAMPA FL

TITLE D DELETE

NAME JENNEWAIN, JOAN
STREET ADDRESS 4710 CLEAR AVE
CITY-ST-ZIP TAMPA FL

TITLE D DELETE

NAME ENGLISH, MICHAEL M.
STREET ADDRESS 1916 AVENIDA REPUBLICA DE CUBA
CITY-ST-ZIP TAMPA FL

TITLE DTS DELETE

NAME KRUSE, FRANCES
STREET ADDRESS 16601 HUTCHINSON RD
CITY-ST-ZIP TAMPA FL

TITLE D DELETE

NAME PLYLER, HARRIET
STREET ADDRESS 800 S WILLOW AVE
CITY-ST-ZIP TAMPA FL

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 Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

(813)874-6877

Daytime Phone #

CR2E037 (11/98)