

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000001868 (7)

1. Corporation Name

STADIUM TASK FORCE, INC.

APPROVED  
AND  
FILED

1996 APR 25 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

4201 N. DALE MABRY  
TAMPA FL 33607

Mailing Address

4201 N. DALE MABRY  
TAMPA FL 33607

3. Date Incorporated or Qualified  
04/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 100 N. TAMPA ST

26 P.O. Box 420

4. FEI Number

Applied For

59-3320721

Not Applicable

22 Suite 2960

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 TAMPA, FL

27 TAMPA, FL

24 33602

25

29 33601

30

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

BARTON, BERNARD A JR.  
400 N. ASHLEY DR.  
SUITE 2300  
TAMPA FL 33602

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 CHAIRMAN/DIRECTOR ☐ DELETE  
NAME David Dardell  
STREET ADDRESS 100 N. TAMPA ST. #2960  
CITY-ST-ZIP TAMPA, FL. 33602

TITLE President/DIRECTOR ☐ DELETE  
NAME DON BARBER  
STREET ADDRESS 401 E. JACKSON ST. #2100  
CITY-ST-ZIP TAMPA, FL. 33602

TITLE SECRETARY/TREASURER/DIRECTOR ☐ DELETE  
NAME William C. Johnson  
STREET ADDRESS 100 N. TAMPA ST. #2960  
CITY-ST-ZIP TAMPA, FL. 33602

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
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

☐ Change ☐ Addition

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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:

William C. Johnson, Secretary/Treasurer 4-19-96 813-204-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)