

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 # N95000002829 (8)

1. Corporation Name

START INCORPORATED

Principal Place of Business

5850-A WEST CYPRESS STREET  
TAMPA FL 33607

Mailing Address

5850-A WEST CYPRESS STREET  
TAMPA FL 33607



3. Date Incorporated or Qualified

06/08/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3329953

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

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

MULLIS, HAROLD W JR.  
101 EAST KENNEDY BLVD.  
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 D  
NAME CURRY, DAVID  
STREET ADDRESS 1019 PIPKIN ROAD  
CITY-ST-ZIP LAKELAND FL 33811

DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME DEAN, MARTIN  
STREET ADDRESS 5850-A WEST CYPRESS STREET  
CITY-ST-ZIP TAMPA FL 33607

DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME GUTHRIE, GLENN  
STREET ADDRESS 505 NORTH 20TH STREET  
CITY-ST-ZIP BIRMINGHAM AL 35203

DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME HAILEY, MIKE DR.  
STREET ADDRESS 301 NORTH FLORIDA AVENUE  
CITY-ST-ZIP LAKELAND FL 33801

DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME KORMAN, MARTHA  
STREET ADDRESS 5850-1 WEST CYPRESS STREET  
CITY-ST-ZIP TAMPA FL 33607

DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME MULLIS, HAROLD W JR.  
STREET ADDRESS 101 E. KENNEDY BLVD., SUITE 2700  
CITY-ST-ZIP TAMPA FL 33602

DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

Change

Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN DEAN

4/29/96

(813)289-4652

Daytime Phone #

CR2E037 (12/95)