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FILED  
Mar 10 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 # **N96000002316 (5)**

1. Corporation Name

**TAMPA BAY MANAGEMENT AND DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

**6406 E. FOWLER AVENUE  
SUITE D  
TAMPA FL 33617**

**6406 E. FOWLER AVENUE  
SUITE D  
TAMPA FL 33617**

2. Principal Place of Business

2a. Mailing Address

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

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

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/30/1996**

4. FEI Number

**59-3384296**

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**

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

10. Name and Address of New Registered Agent

**JEFFRIES, DAVID M  
% BUSH ROSS GARDNER WARREN & RUDY  
220 SOUTH FRANKLIN STREET  
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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**CD  
RATH, FRED  
5405 CYPRESS CENTER DR., STE 280  
TAMPA FL 33609**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VD  
WATSON, PATRICK DR.  
6538 STONINGTON DR.  
TAMPA FL 33647**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
PORTER, PABLO  
15903 BADEN PLACE  
TAMPA FL 33647**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
TRIBBLE, ISRAEL PHD  
7135 PELICAN ISLAND DR.  
TEMPLE TERRACE FL 33617**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
GUY, CHARLES H III  
5405 CYPRESS CENTER DR., STE 295  
TAMPA FL 33609**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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.

SIGNATURE:

*Fred A. Rath*

CP2E037 (10/97)