

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-04-1999 90210 028 ****61.25

DOCUMENT # N96000006551

1. Corporation Name

FRIENDS OF TPD, INC.

Principal Place of Business

C/O STEPHEN L. PANKAU, MACFARLANE FERGUSON
111 MADISON STREET, SUITE 2300
TAMPA FL 33602

Mailing Address

C/O STEPHEN L. PANKAU, MACFARLANE FERGUSON
111 MADISON STREET, SUITE 2300
TAMPA FL 33602



2. Principal Place of Business

21 400 North Tampa Street

Suite, Apt. #, etc.
22 Suite 2300

City & State

23 Tampa, Florida

Zip Country
24 33602 25 USA

2a. Mailing Address

26 400 North Tampa Street

Suite, Apt. #, etc.
27 Suite 2300

City & State

28 Tampa, Florida

Zip Country
29 33602 30 USA

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

59-3419131

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

PANKAU, STEPHEN L ESQUIRE
MACFARLANE FERGUSON
111 MADISON STREET, SUITE 2300
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400 North Tampa Street

83 Suite 2300

84 City
Tampa

FL

85 Zip Code
33602

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 ☐ DELETE
NAME DP SYKES, JOHN
STREET ADDRESS 111 MADISON STREET, SUITE 2300
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE
NAME DS BUTCHER, JACK
STREET ADDRESS 111 MADISON STREET, SUITE 2300
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE
NAME DT MCCLINTOCK-GRECO, LINDA DR
STREET ADDRESS 111 MADISON STREET, SUITE 2300
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE
NAME DV PANKAU, STEPHEN L
STREET ADDRESS 111 MADISON STREET, SUITE 2300
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE
NAME O CUNNINGHAM, SCOTT CAPT.
STREET ADDRESS 111 MADISON STREET, SUITE 2300
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 400 North Tampa Street, Suite 2300
1.4 CITY-ST-ZIP Tampa, Florida 33602

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 400 North Tampa Street, Suite 2300
2.4 CITY-ST-ZIP Tampa, Florida 33602

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 400 North Tampa Street, Suite 2300
3.4 CITY-ST-ZIP Tampa, Florida 33602

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 400 North Tampa Street, Suite 2300
4.4 CITY-ST-ZIP Tampa, Florida 33602

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 400 North Tampa Street, Suite 2300
5.4 CITY-ST-ZIP Tampa, Florida 33602

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)