

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077210

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: TPS MCADAMS OPERATIONS COMPANY

## Current Principal Place of Business:

702 NORTH FRANKLIN STREET  
C/O D.E. SCHWARTZ  
TAMPA, FL 33602

## New Principal Place of Business:

## Current Mailing Address:

C/O DE SCHWARTZ  
P.O. BOX 111  
TAMPA, FL 336010111

## New Mailing Address:

FEI Number: 59-3738700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDEVITT, SHEILA M  
702 NORTH FRANKLIN STREET  
TAMPA, FL 33602      US

## Name and Address of New Registered Agent:

ATTAL III, CHARLES A  
702 NORTH FRANKLIN STREET  
TAMPA, FL 33602      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES A ATTAL III

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BLACK, C. R.  
Address: 702 NORTH FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: BARRINGER, P. L.  
Address: 702 NORTH FRANKLIN ST  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: GILLETTE, G.L.  
Address: 702 NORTH FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete  
Name: SCHWARTZ, D.E.  
Address: 702 NORTH FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E SCHWARTZ

S

04/24/2008

Electronic Signature of Signing Officer or Director

Date