

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Morken
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P16528** (2)

1. Corporation Name
CEA, INC.



Principal Place of Business
**101 E. KENNEDY BLVD., SUITE 3300
TAMPA FL 33602**

Mailing Address
**101 E. KENNEDY BLVD., SUITE 3300
TAMPA FL 33602**

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 State, Apt. #, etc. | 26 State, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 County | 29 County |
| 25 | 30 |

| | |
|--|---|
| 3. Date Incorporated or Qualified 10/26/1987 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 59-2749986 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.052 Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**CARDY, THOMAS W.
101 E. KENNEDY BLVD., SUITE 3300
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name: **David A. Burns**
82 Street Address (P.O. Box Number is Not Acceptable):
101 E. Kennedy Blvd.
83 **Suite 3300**
84 City: **Tampa** FL 85 Zip Code: **33602**

11. Pursuant to the provisions of Sections 607.0102 or 607.1504, 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. However, except the appointment as registered agent, I am familiar with and accept the filing of this statement, Florida Statutes.

SIGNATURE: *David A. Burns*

4-9-96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | <input type="checkbox"/> DELETE | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PCD MICHAELS, J. PATRICK JR | TITLE | |
| STREET ADDRESS | 3024 VILLA ROSA PARK | 13 STREET ADDRESS | |
| CITY, ST., ZIP | TAMPA FL | 14 CITY, ST., ZIP | |
| TITLE | <input type="checkbox"/> DELETE | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VSD GAWTHROP, H. GENE | 13 NAME | Gawthrop, H. Gene |
| STREET ADDRESS | 655 APALACHEE CIRCLE NE | 13 STREET ADDRESS | Route 1, Box 1700, Willow Pond |
| CITY, ST., ZIP | ST. PETERSBURG FL | 14 CITY, ST., ZIP | Dahlonega, GA 30533 |
| TITLE | <input checked="" type="checkbox"/> DELETE | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V RUSSELL, DONALD | TITLE | |
| STREET ADDRESS | 4600 BAY TO BAY BLVD. | 13 NAME | |
| CITY, ST., ZIP | TAMPA FL | 13 STREET ADDRESS | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 14 CITY, ST., ZIP | |
| NAME | VT CARDY, THOMAS | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 12808 HARBORWOOD DR. | 13 NAME | |
| CITY, ST., ZIP | LARGO FL | 13 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 14 CITY, ST., ZIP | |
| NAME | V GORDON, BRAD A. | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 101 E KENNEDY BLVD #3300 | 13 NAME | VS Burns, David A. |
| CITY, ST., ZIP | TAMPA FL | 13 STREET ADDRESS | 2404 Parkland Blvd. |
| TITLE | <input type="checkbox"/> DELETE | 14 CITY, ST., ZIP | Tampa, FL 33609 |
| NAME | | TITLE | |
| STREET ADDRESS | | 13 NAME | |
| CITY, ST., ZIP | | 13 STREET ADDRESS | |

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for an exemption under Section 119.07(3)(k), Florida Statutes. I further certify that the information is correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the registrar or business supervisor to whom this report is required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an affidavit with an address.

SIGNATURE: *Brad A. Gordon* Brad A. Gordon, VP

4-16-96

CR2E034 (12/95)