

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Morton
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 a family member of the officer or director of the corporation, Florida Statutes.

SIGNATURE: *David A. Burns*

4-9-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	TITLE	
NAME	MICHAELS, J. PATRICK JR	NAME	
STREET ADDRESS	3024 VILLA ROSA PARK	13 STREET ADDRESS	
CITY, ST., ZIP	TAMPA FL	14 CITY, ST., ZIP	
TITLE	VSD	TITLE	D
NAME	GAWTHROP, H. GENE	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	V	TITLE	
NAME	RUSSELL, DONALD	NAME	
STREET ADDRESS	4600 BAY TO BAY BLVD.	13 STREET ADDRESS	
CITY, ST., ZIP	TAMPA FL	14 CITY, ST., ZIP	
TITLE	VT	TITLE	
NAME	CARDY, THOMAS	NAME	
STREET ADDRESS	12808 HARBORWOOD DR.	13 STREET ADDRESS	
CITY, ST., ZIP	LARGO FL	14 CITY, ST., ZIP	
TITLE	V	TITLE	
NAME	GORDON, BRAD A.	NAME	VS
STREET ADDRESS	101 E KENNEDY BLVD #3300	13 STREET ADDRESS	Burns, David A.
CITY, ST., ZIP	TAMPA FL	14 CITY, ST., ZIP	2404 Parkland Blvd.
TITLE		TITLE	Tampa, FL 33609
NAME		NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST., ZIP		14 CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, and does not qualify for an exemption under Section 119.07(3)(k), Florida Statutes. I further certify that the information is, and will be, true and correct, and is supplemental to any report filed, and is not intended 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 registrar or business trust listed to receive this report as 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)