PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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1. Corporation	MENT # P32042 ASSOCIATES OF ILLINOIS,	(' /		
Principal Place	of Business	Mailing Address		
401 E JACKSO SUITE 1700 TAMPA FL 330	ON ST -	702-North Franklin s P.O. Box 1348	TREET	
US				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		12/04/1990 05/01/1995 4. FEI Number Applied For
21		26 P.O. Box 13	48	36-3660351 Not Applicab
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		City & State		Fee Hequired
23		28 Tampa, FL		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip 22601	Country	8. This corporation has liability for intangible tax under s 199.032,
24	9 Name and Address of Current	29 33601 Pagistered Apopt	30	Fiorida Statutes Yes No
	9. Name and Address of Current	uedistelen wästit	81 Name	10. Name and Address of New Registered Agent
LENEEST	EY, LAUREL J			
	CKSON ST		82 Street	Address (P.O. Box Number is Not Acceptable)
SUTIE 17			83	
tampa f	L 33602		84 City	85 Zip Code
44 5				FL T T T T T T T T T
or registere	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida	and 607.1508, Florida Statutes a. Such change was authorize	s, the above-named c d by the corporation's	corporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
	h, and accept the obligations of, Section	n 607.0505, Florida Statutes.		•
SIGNATURE .	Signature, typod or printed name of registered agent ar	nd little if applicable (NOT)	E Registered Agent signature	required when reinstalting) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	₹ ₹ DELETE	1. 1 TITLE	President Director ☐ Change ★ Addition
NAME	JORDAN, V.C., JR.		1.2 NAME	John F. Rath
STREET ADDRESS	401 E JACKSON ST SUITE 170 TAMPA FL	10	1.3 STREET ADDRESS	401 E. Jackson St., Suite 1700 Tampa, FL 33602
CITY-S1-ZIP TITLE	CD	[] DELETE	1 4 CITY - ST - ZIP 2 1 TITLE	☐ Change ☐ Add-tion
NAME	BROWN, J HYATT		2.2 NAME	
STREET ADDRESS	220 S RIDGWOOD AVE		23 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL		2 4 CITY-ST-ZIP	
TITLE	AVP	☐ DELETE	3. 1 TITLE	Change Addition
NAME	REIMANN, KATHY		3 2 NAME	
STHEET ADDRESS	401 E JACKSON ST SUITE 170	0	3.3 STREET ADDRESS	
CITY - ST - ZIP TITLE	TAMPA FL S	DELETE	3.4 CITY - ST - ZIP	D Change D 4475 .
NAME	LENFESTEY, LAUREL		4. 1 TITLE 4.2 NAME	Change Addition
STREET ADDRESS	401 E JACKSON ST SUITE 170	0	4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	.♥	4.4 CITY - ST - ZIP	
TITLE	EVP	₹ ¥ DELETE	5. 1 TITLE	EVP Change Addition
NAME	PIETRUSZKA, MITCH		5.2 NAME	John Hester 401 E. Jackson Street, Suite 1700
STREET ADDRESS	401 E JACKSON ST SUITE 170	0	5.3 STREET ADDRESS	Tampa, FL 33602
CITY-ST-ZIP	TAMPA FL	F3 beleve	5.4 CITY-ST-ZIP	*
TITLE	VOLUM TRACTURE	₹3 DELETE	6 1 TITLE	Treasurer ☐ Change ★ Addition Jim Henderson
NAME STREET ADDRESS	YOUNG, TIMOTHY L 220 S RIDGEWOOD AVE		6 2 NAME	220 S. Ridgewood Avenue
CITY-ST-ZIP	DAYTONA BEACH FL		6.3 STREET ADDRESS 6.4 City-St-Zip	Daytona Beach, FL 32115
14. I do hereby	certify that the information supplied wi	th this filing is voluntarily furnis	hed and does not qu	Alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that oath; that I	the information indicated on this annual	I report or supplemental annua ition or the receiver or trustee	al report is true and a empowered to execu	ccurate and that my signature shall have the same legal effect as if made under the this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

ICER OR DIRECTOR

4/4/96 813-222-4277