FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

DOCUMENT # P93000042038

EASTGROUP TAMPA, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Zip

24

Principal Place of Business

Mailing Address

300 ONE JACKSON PL.

188 E. CAPITOL ST.

JACKSON MS 39201

Mailing Address

300 ONE JACKSON PL.

188 E. CAPITOL ST.

JACKSON MS 39201

Country

9. Name and Address of Current Registered Agent

25

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90076 005 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

06/14/1993

64-0833568

4. FEI Number

CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST.				Ivaille			
			82				
IALL	AHASSEE FL 32301		83				
			84	City	Fl	85 Zip (Code
office or re	to the provisions of Sections 607.0502 and 6 egistered agent, or both, in the State of Florion familiar with, and accept the obligations of	la. Such change was au	thorized by	the corpor	corporation submits this statement for the purpose o ration's board of directors. I hereby accept the appora-	f changing its intment as re	registered gistered
SIGNATURE					cuired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title OFFICERS AND DIRE		Registered Ager	it signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	C OFFICERS AND DIRE	☐ DELETE	1.1 TITLE	 -		☐ Change	Addition
NAME	SPEED, LELAND R.		1.2 NAME	1		- •	
ļ	188 E. CAPITOL ST STE 300			ADDRESS			
STREET ADDRESS	JACKSON MS		1	1			,
CITY-ST-ZIP	P	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
TITLE	! *	L) 000010	2.2 NAME	}		-و ب	
NAME	HOSTER, DAVID H. 11 188 E CAPITOL ST. STE 300		1	ADDRESS			
STREET ADDRESS			1	- 1			
CITY-ST-ZIP	JACKSON MS EVPS	☐ DELETE	2.4 CITY-S 3.1 TITLE	1-21		☐ Change	Addition
TITLE	- '.'	[] DELETE	3.2 NAME	}			
NAME	MCKEY, N. KEITH			ADDRESS			
STREET ADDRESS	188 E. CAPITOL ST STE 300		1	}			
CITY-ST-ZIP	JACKON MS	DELETE	3.4. CITY- S 4.1 TITLE	1-219		□ Change	☐ Addition
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NAME	}		1				
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TMLE		L) DECETE	5.1 MAME	{			
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CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE			□ Change	Addition
TITLE			6.2 NAME	}		onange	
NAME			Į.	ADDRESS			
STREET ADDRESS I			6.4 CITY-S	1			
CITY-ST-ZIP	parties, that the information associated with this E	ling does not qualify for			in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the is	Mormation
indicated officer or	on this annual report or supplemental annual	report is true and accur rustee empowered to ex	ate and tha ecute this n	t my signa eport as re	ature shall have the same legal effect as if made und equired by Chapter 607, Florida Statutes; and that i	ier oath; that	am an

Country

30

CICNIATUDE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (601) 354 3555 Date 1001 354 3555 2F034 (11/98)