

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

**APPROVED
AND
FILED**

95 MAY 16 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000015189 (1)
1. Corporation Name
AC OF TAMPA BAY, INC.

Principal Place of Business 1207 NORTH HIMES AVE. SUITE 5 TAMPA FL 33607	Mailing Address 1207 NORTH HIMES AVE. SUITE 5 TAMPA FL 33607
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2. Principal Place of Business 21 3603 West Waters Ave.	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Ste 1100	Suite, Apt. #, etc. 27
City & State 23 Tampa FL	City & State 28
Zip 24 33614	Country 25 USA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/24/1994	3a. Date of Last Report NA
4. FEI Number 59 3224227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FILINGS INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name Joseph M. Davis
82 Street Address (P.O. Box Number is Not Acceptable) 1207 N. Himes Ave
83 Ste 5
84 City Tampa
85 State FL
86 Zip Code 33607

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Joseph M. Davis* DATE: **1/24/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSVT	NAME ELLIS, DERRY W	11 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1207 NORTH HIMES AVE. #5	CITY - ST - ZIP TAMPA FL 33607	12 NAME Rowell, Cam Marion	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME ELLIS, DERRY W	13 STREET ADDRESS 3603 West Waters Ave. Ste 1100	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1207 NORTH HIMES AVE. #5	CITY - ST - ZIP TAMPA FL 33607	14 CITY - ST - ZIP Tampa FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	22 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	23 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	53 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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 receiver or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Rowell* DATE: **5-19-95** (Typed or Printed Name of Signing Officer or Director)