

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

**APPROVED  
AND  
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95 MAY 16 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		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 <b>1207 NORTH HIMES AVE. SUITE 5 TAMPA FL 33607</b>	Mailing Address <b>1207 NORTH HIMES AVE. SUITE 5 TAMPA FL 33607</b>
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2. Principal Place of Business 21 <b>3603 West Waters Ave.</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>Ste 1100</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Tampa FL</b>	City & State 28
Zip 24 <b>33614</b>	Country 25 <b>USA</b>

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/24/1994</b>	3a. Date of Last Report <b>NA</b>
4. FEI Number <b>59 3224227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>Joseph M. Davis</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1207 N. Himes Ave</b>
83 <b>Ste 5</b>
84 City <b>Tampa</b>
85 State <b>FL</b>
86 Zip Code <b>33607</b>

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

TITLE <b>PSVT</b>	NAME <b>ELLIS, DERRY W</b>	STREET ADDRESS <b>1207 NORTH HIMES AVE. #5</b>	CITY - ST - ZIP <b>TAMPA FL 33607</b>
TITLE <b>D</b>	NAME <b>ELLIS, DERRY W</b>	STREET ADDRESS <b>1207 NORTH HIMES AVE. #5</b>	CITY - ST - ZIP <b>TAMPA FL 33607</b>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>Vice President</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
12 NAME <b>Rowell, Cam Marion</b>	
13 STREET ADDRESS <b>3603 West Waters Ave. Ste 1100</b>	
14 CITY - ST - ZIP <b>Tampa FL 33614</b>	
21 TITLE <b>Director</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
22 NAME <b>Rowell, Cam Marion</b>	
23 STREET ADDRESS <b>3603 West Waters Ave. Ste 1100</b>	
24 CITY - ST - ZIP <b>Tampa FL 33614</b>	
31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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**