FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000018659 (0)**

1. Corporation Name
ACA TAMPA, INC.

Principal Place of Business	Mailing Address
12384 CONDE DRIVE BROOKSVILLE FL 34613	12384 CONDE DRIVE BROOKSVILLE FL 34613

3. Date Incorporated or Qualified: **03/07/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-3231913** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for in[illegible]ble tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHARNOCK, WILLIAM T III
5358 SPRING HILL DR.
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name: **SMITTY SMITH**
82 Street Address (P.O. Box Number is Not Acceptable): **13151 SPRING HILL DRIVE**
83
84 City: **SPRING HILL** **FL** 85 Zip Code: **34609**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: [signature] Smitty Smith 5/16/96
Signature, type or printed name of registered agent and title, if applicable (Note: Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CULLEN, R. CRAIG	
STREET ADDRESS	12384 CONDE DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	☐ DELETE
NAME	WATERS JR, WORTHINGTON E	
STREET ADDRESS	4322 LONG CHAMP DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition	
1.2 NAME		
1.3 STREET ADDRESS	6319 BALDWYN AVENUE	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FLORIDA 34653	
2.1 TITLE	☐ Change ☐ Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change ☐ Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change ☐ Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change ☐ Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change ☐ Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(i), 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on attachment with an address.

SIGNATURE: X [signature] R.C. Cullen V.P. 5/5/96 813-848-5584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #