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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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
9550 US HWY 19 14 PORT RICHEY FL 34668 US	9550 US HWY 19 14 PORT RICHEY FL 34668 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CULLEN, R CRAIG
9550 US HWY 19 N
14
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: WATERS, JR, WORTHINGTON E

82 Street Address (P.O. Box Number is Not Acceptable): ~~4322 Long Champ Drive~~ 9550 U.S. Hwy 19N

83 ~~Sarasota, FL~~ STE. 14

84 City: PORT Richey FL 85 Zip Code: 34668

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: R. Worthington Waters Jr. DATE: 4/28/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CULLEN, R. CRAIG		1.2 NAME		
STREET ADDRESS	6319 BALDWYN AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WATERS JR, WORTHINGTON E		2.2 NAME		
STREET ADDRESS	4322 LONG CHAMP DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAMPOS, RAY		3.2 NAME		
STREET ADDRESS	605 DANURE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: R. Worthington Waters Jr. 4/28/98 813-849-5584