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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000060942 (6)

"Sun Belt Holdings of Tampa Bay, Inc."

Principal Place of Business Mailing Address 5018 24TH AVENUE SOUTH P.O. BOX 75307 TAMPA FL 33619 **TAMPA FL 33675** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3332476 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Reguired City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRONU, DONNA G 5018 24TH AVENUE SOUTH Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33619** 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Addition MATTHEWS, JOSEPH E III NAME 1,2 NAME 5018 24TH AVENUE SOUTH STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP 1.4 City-St-7IP DELETE TITLE 2.1 TITLE Change Addition TRONU, ROBERT A JRI NAME 2.2 NAME 5018 24TH AVENUE SOUTH STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition TRONU. DONNA G NAME 3.2 NAME 5018 24TH AVENUE SOUTH STREET ADDRESS 3.3 STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY - ST- ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 changes or on an attachment with an address.

SIGNATURE:

FILED

Jan 27 1998 8:00am

Secretary of State