SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000063899 (5)

1. Corporation Name

OPTIONS OF TAMPA, INC.

Principal Place of Business

808 W. DE LEON ST.
TAMPA FL 33606

Mailing Address

808 W. DE LEON ST.
TAMPA FL 33606

2. Principal Place of Business
21 7881 Little Fox Lane
Suite, Apt #, etc.
22
City & State
23 Jacksonville, FL
Zip
24 32256
Country
25 U.S.

2a. Mailing Address
26 7881 Little Fox Lane
Suite, Apt #, etc.
27
City & State
28 Jacksonville FL
Zip
29 32256
Country
30 U.S.

3. Date Incorporated or Qualified: 08/17/1995

3a. Date of Last Report

4. FEI Number: 59-3333066 ☐ 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 intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

EDDY, ROBERT K
808 W. DE LEON ST.
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: Robert A. DARR
82 Street Address (P.O. Box Number is Not Acceptable): 7881 Little Fox Lane
83
84 City: Jacksonville FL
85 Zip Code: 32256

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], Robert A. DARR, Pres. 8-4-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	☒ DELETE
NAME	EDDY, ROBERT K	
STREET ADDRESS	808 W. DE LEON ST.	
CITY-ST-ZIP	TAMPA FL 33606	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Treasurer/Dir.	☐ Change ☑ Addition
1.2 NAME	Robert A. DARR	
1.3 STREET ADDRESS	7881 Little Fox Lane	
1.4 CITY-ST-ZIP	Jacksonville FL 32256	
2.1 TITLE	Secretary, Chairman, Director	☐ Change ☑ Addition
2.2 NAME	Robert C. Ellis	
2.3 STREET ADDRESS	4109 Bell Granda Dr.	
2.4 CITY-ST-ZIP	Valrico FL 33594	
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		

CR2E034 (3/96)

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)(x), 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: [signature], Robert A. DARR, Pres., 8-4-96 904-987-7569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #