FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000004597 (6)**

1. Corporation Name
FLORIDA POE HOLDING COMPANY

Principal Place of Business	Mailing Address
~~1901 NORTH 13TH STREET~~ ~~TAMPA FL 33605~~	~~1901 NORTH 13TH STREET~~ ~~TAMPA FL 33605-3612~~

3. Date Incorporated or Qualified: 01/16/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 511 BAY STREET
Suite, Apt. #, etc.
22: SUITE #400
City & State
23: TAMPA, FL
Zip 24: 33606 Country 25: USA

2a. Mailing Address
26: 511 BAY STREET
Suite, Apt. #, etc.
27: SUITE #400
City & State
28: TAMPA, FL
Zip 29: 33606 Country 30: USA

4. FEI Number: 59-3354749 ☐ 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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
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	~~D~~	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	~~POE, WILLIAM F SR.~~		1.2 NAME	POE, WILLIAM F. JR.	
STREET ADDRESS	~~1901 NORTH 13TH STREET~~		1.3 STREET ADDRESS	511 BAY STREET, SUITE #400	
CITY-ST-ZIP	~~TAMPA FL 33605~~		1.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME			2.2 NAME	POE, CHARLES E.	
STREET ADDRESS			2.3 STREET ADDRESS	70 LADOGA	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME			3.2 NAME	FOSTER, KEREN P.	
STREET ADDRESS			3.3 STREET ADDRESS	525 SUWANEE CIRCLE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	LUNSKIS, MARILYN C.	
STREET ADDRESS			4.3 STREET ADDRESS	74 COLUMBIA DR.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	MITCHELL, JANICE	
STREET ADDRESS			5.3 STREET ADDRESS	119 HICKORY CREEK BLVD.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BRANDON, FL 33511	
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 (9/96)

14. I do 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: [signature] 4-29-97 (813) 259-4013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0354700