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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086135

City & State

Zip

24

TAMPA BAY BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address			
801 W BAY DR. SUITE 200 LARGO FL 33770	801 W BAY DR. SUITE 200 LARGO FL 33770			
2. Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

27

28

City & State

Zip

25 29 9. Name and Address of Current Registered Agent

Country

RADOSEVICH, JACK E

801 W BAY DR, SUITE 200 LARGO FL 33770

Street Address (P.O. Box Number is Not Acceptable) 83 84 City

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualifed

59-3544166

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

10/05/1998

4. FEI Number

8. This corporation owes the current year Intangible

05-06-1999 90082 009 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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.

Country

30

SIGNATURE		NOTE Desistered Asset signature	partition when reinstation DATE			
Signature, typed or printed name or registered agent and use a approxime.						
12.			DP	Change	Addition	
TITLE			DT	(A) Cridings		
NAME	radosevich, jack e	1.2 NAME				
STREET ADDRESS	801 W BAY DR, SUITE 200	1.3 STREET ADDRESS				
CITY-ST-ZIP	LARGO FL 33770	1.4 CITY-ST-ZIP		<u> </u>		
TITLE	☐ DELET	E 2.1 TITLE	DS _	Change	Addition	
NAME		2.2 NAME	JOSEPH A. MEYERS, IL			
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2.4 CITY-\$T-ZIP	LARGO, FL 33770			
TITLE	☐ DELET	E 3.1 TITLE	DT	Change	Addition	
NAME		3.2 NAME	T.D. HAWKINS, ILL POI WEST BAS DRIVE, SILITE 200		;	
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP	LARGE, FL 33770		_	
TITLE	☐ DELET	E 4.1 TITLE	DV	☐ Change	Addition	
NAME		4.2 NAME	KENIN J. STEVENSON			
STREET ADDRESS		4.3 STREET ADDRESS				
CITY+ST-ZIP		4.4 CITY+ST-ZIP	LAR60, FL 33770		_	
TITLE	☐ DELET	E 5.1 TITLE		☐ Change	Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELET	E 6.1 TITLE		Change	Addition	
NAME .,		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
		64 C/TV-ST-ZIP				

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, with all other like empowered.

SIGNATURE: