FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08494 (9)

1. Corporation Name
INVESTMENTS OF TAMPA, INC.

Principal Place of Business	Mailing Address
515 POST OAK BLVD. SUITE 515 HOUSTON TX 77027 US	515 POST OAK BLVD. SUITE 515 HUSTON TX 77027 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1992
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business
21: 820 Bocage Lane
22: Suite, Apt. #, etc.
23: City & State: Mandeville, LA
24: Zip: 70471
25: Country: St. Tammany

2a. Mailing Address
26: 820 Bocage Lane
27: Suite, Apt. #, etc.
28: City & State: Mandeville, LA
29: Zip: 70471
30: Country: PARISH St. Tammany

4. FEI Number: 76-0358111 ☐ 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

MANGIONE, RALPH
ONE TAMPA CITY CTR
STE 2600
TAMPA FL 33602

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	PDST	11 TITLE	☒ Change ☐ Addition
NAME	HOLMES, PAUL	12 NAME	
STREET ADDRESS	515 POST OAK BLVD., #515	13 STREET ADDRESS	820 Bocage Lane,
CITY-ST-ZIP	HOUSTON TX	14 CITY-ST-ZIP	Mandeville, LA 70471
TITLE	VPD	21 TITLE	☒ Change ☐ Addition
NAME	SARGENT, STUART J.	22 NAME	Marcia Holmes
STREET ADDRESS	515 POST OAK BLVD.	23 STREET ADDRESS	820 Bocage Lane
CITY-ST-ZIP	HOUSTON TX	24 CITY-ST-ZIP	Mandeville, LA 70471
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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: _____ 4/12/95 504-845-0331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAUL H. HOLMES, PRESIDENT

0478744 FP