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 -7 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V70770** **(5)**

1. Corporation Name
CHOICES OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
1001 PEARCE DRIVE NUMBER 306 CLEARWATER FL 34624	1001 PEARCE DRIVE NUMBER 306 CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1992
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-3146523 ☐ 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

GASSMAN, ALAN S.
1212 COURT STREET
SUITE B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

61 Name: Gassman, Alan S.
62 Street Address (P.O. Box Number is Not Acceptable): 1245 Court St. #102
63: Clearwater, Fl. 34616
64 City: FL 65 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	11 TITLE	P ☐ Change ☒ Addition
NAME	FOSTER-ROBERTSON	12 NAME	FOSTER, RALPH L. III
STREET ADDRESS	1001 PEARCE DRIVE #306	13 STREET ADDRESS	5567BAY PINES LAKES BLVD.
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	ST. PETERSBURG, FL. 33708
TITLE		21 TITLE	E ☒ Change ☐ Addition
NAME		22 NAME	FOSTER_ROBERTSON, DEE ANN
STREET ADDRESS		23 STREET ADDRESS	1001 PEARCE DR. #306
CITY-ST-ZIP		24 CITY-ST-ZIP	CLEARWATER, FL. 34616
TITLE		31 TITLE	S/T ☐ Change ☒ Addition
NAME		32 NAME	FOSTER, GLORIA
STREET ADDRESS		33 STREET ADDRESS	5567 BAY PINES LAKES BLVD.
CITY-ST-ZIP		34 CITY-ST-ZIP	ST. PETERSBURG, FL. 33708
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	ROBERTSON, NORMAN
STREET ADDRESS		53 STREET ADDRESS	1001 PEARCE DR. #306
CITY-ST-ZIP		54 CITY-ST-ZIP	CLEARWATER, FL. 34616
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	SEWART, GIL
STREET ADDRESS		63 STREET ADDRESS	311 ORANGE ST.
CITY-ST-ZIP		64 CITY-ST-ZIP	PALM HARBOR, FL. 34683

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)(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 (changed), or on an attachment with an address.

SIGNATURE: _____ RALPH L. FOSTER III PRESIDENT 4/5-7-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060178 CP