

NOYES ADAM P
Form 4

October 11, 2001

BUSINESS ADDRESS:

STREET 1: L300 WEST CYPRESS STREET, SUITE 600

CITY: TAMPA

STATE: FL

ZIP: K3607

BUSINESS PHONE: 8132837000

MAIL ADDRESS:

STREET 1: L300 WEST CYPRESS STREET, SUITE 600

CITY: TAMPA

STATE: FL

ZIP: K3607

STATEMENT FOR MONTH/YEAR: SEPTEMBER 2001

COMPANY DATA:

COMPANY CONFORMED NAME: ADAM P. NOYES

CENTRAL INDEX KEY: H001137769

STANDARD INDUSTRIAL CLASSIFICATION:

RELATIONSHIP: OFFICER

FILING VALUES:

FORM TYPE: L

BUSINESS ADDRESS:

STREET 1: L300 WEST CYPRESS STREET

STREET 2: SUITE 600

CITY: TAMPA

STATE: FL

ZIP: K3607

MAIL ADDRESS:

STREET 1: I3244 ROYAL GEORGE AVENUE

STREET 2:

CITY: ODESSA

STATE: FL

ZIP: K3556

Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Title of Non-Derivative Security | Transaction Date | Transaction Code | Security Amount | Securities Acquired/ Disposed (A/D) | Securities Price | Amount Beneficially Owned at End of the Month | Ownership Direct or Indirect | Nature of Indirect Beneficial Ownership |
|----------------------------------|------------------|------------------|-----------------|-------------------------------------|------------------|---|------------------------------|---|
| Common Stock | 09/20/01 | V/P | 116.5455 | A | 4.9500 | 254.6952 | D | |
| | | | | | | | | |

Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Version Exercise e | Transaction Date | Transaction Code | Securities Acquired/ Disposed | Date Exercisable | Expiration Date | Title | Number of Shares | Price of Security | Number Beneficially Owned End of Month | Owner Direct Indirect |
|--------------------------|---------------------|---------------------|-------------------------------------|---------------------|--------------------|-------|------------------------|----------------------|---|-----------------------------|
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Explanation of Responses:

This stock is part of an Employee Stock Purchase Plan.

Signature of Reporting Person Date