

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
Feb 07 1996 8:00 am  
Secretary of State

DOCUMENT # **P95000035287 (8)**

1. Corporation Name  
**BAY AMERICAN TELEPHONES, INC.**



Principal Place of Business  
**8300 ULMERTON RD. #156  
LARGO FL 34641**

Mailing Address  
**P.O. BOX 7423  
SEMINOLE FL 34645**

2. Principal Place of Business

21. **Same**  
State: **FL**

22. City & State

23. Zip

2a. Mailing Address

26. **Same AS PLACE**  
State: **FL**

27. City & State

28. Zip

9. Name and Address of Current Registered Agent

**BOBO, DIANA S  
2135 EUCLID CIRCLE E  
CLEARWATER FL 34624**

3. Date Incorporated or Qualified  
**05/05/1995**

3a. Date of Last Report

4. FCI Number  
**59-3320509**

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

10. Name and Address of New Registered Agent

81. Name **Gerald E. Bobo**

82. Street Address (P.O. Box Number is Not Acceptable)  
**2135 Euclid Circle E.**

83.

84. City **Clearwater** FL 85. Zip Code **34624**

11. Pursuant to the provisions of Sections 607.09(2) and 116.07(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal office, 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 further willing to accept the provisions of Sections 607.09(2) and 116.07(1)(b), Florida Statutes.

SIGNATURE **Gerald E. Bobo**

**1-26-96**

12. OFFICERS AND DIRECTORS

1. NAME	<b>owner</b>	<input checked="" type="checkbox"/> DELETE
2. STREET ADDRESS	<b>Bobo, Diana S.</b>	
3. CITY, ST, ZIP		
4. NAME	<b>P. O. Box 7423</b>	<input checked="" type="checkbox"/> DELETE
5. STREET ADDRESS	<b>Seminole, FL 34645</b>	
6. CITY, ST, ZIP		
7. NAME		<input type="checkbox"/> DELETE
8. STREET ADDRESS		
9. CITY, ST, ZIP		
10. NAME		<input type="checkbox"/> DELETE
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. STREET ADDRESS	<b>Gerald E. Bobo</b>	
3. CITY, ST, ZIP	<b>2135 Euclid Circle E.</b>	
4. NAME	<b>Clearwater FL 34624</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. STREET ADDRESS	<b>Vice President</b>	
6. CITY, ST, ZIP	<b>Shirley J. Stasko</b>	
7. NAME	<b>8401-141 ST N</b>	
8. STREET ADDRESS	<b>Seminole FL 34646</b>	
9. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		
15. CITY, ST, ZIP		

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not constitute the exemption stated in Section 119.07(3)(a), 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. 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 affidavit.

SIGNATURE: **Shirley Stasko Vice President 1-26-96 813-536-8929**  
SIGNATURE AND PRINTED OR WRITTEN NAME OF SIGNING OFFICER OR DIRECTOR  
**Shirley J. Stasko**

CR2E034 (12/95)