

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 240814 (4)

1. Corporation Name

COAST TO COAST ADVERTISING, INC.

Principal Place of Business

1500 N DALE MABRY
P O BOX 31601
TAMPA FL 33631-0601

Mailing Address

1500 N DALE MABRY
P O BOX 31601
TAMPA FL 33631-0601



3. Date Incorporated or Qualified
10/01/1960

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-6081943

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

10. Name and Address of New Registered Agent

TURBIVILLE, JOHN F.
1500 NORTH DALE MABRY HIGHWAY
TAMPA FL 33807

81 Name C. T. CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)
1200 SO. PINE ISLAND ROAD

83

84 City PLANTATION

FL

85 Zip Code 33324

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.

TANYA M. VILLAR

ASSISTANT SECRETARY

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MICHAEL, R.W.
STREET ADDRESS 1500 N DALE MABRY
CITY-STATE-ZIP TAMPA FL

TITLE ☐ DELETE

NAME DURHAM, G. R.
STREET ADDRESS 943 SEDDON COVE WAY
CITY-STATE-ZIP TAMPA FL

TITLE ☐ DELETE

NAME BAKER, W. K.
STREET ADDRESS 1500 NORTH DALE MABRY
CITY-STATE-ZIP TAMPA FL

TITLE ☐ DELETE

NAME CRABB, ROGER A
STREET ADDRESS 1500 NO DALE MABRY
CITY-STATE-ZIP TAMPA FL

TITLE ☐ DELETE

NAME TURBIVILLE, J.F.
STREET ADDRESS 1500 NORTH DALE MABRY
CITY-STATE-ZIP TAMPA FL

TITLE ☐ DELETE

NAME MATLOCK, K. J.
STREET ADDRESS 1401 87 AVE NORTH
CITY-STATE-ZIP ST PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

E. A. PORTER

W. H. WELDON
1500 NO. DALE MABRY
TAMPA, FL 33607

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:

W.K. BAKER, TREASURER

2/12/96

813-871-4168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)