

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:33

DOCUMENT # 308491

(0)

1. Corporation Name

GW ADVERTISING AGENCY, INC.

Principal Place of Business

Mailing Address

8900 GRAND OAK CIR
TAMPA FL 33637-1050
US

8900 GRAND OAK CIR
TAMPA FL 33637-1050
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/30/1966

3a. Date of Last Report

03/14/1994

4. FBI Number

59-1146865

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

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. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

(Signature, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CARROLL, L V
STREET ADDRESS	8900 GRAND OAK CIR
CITY - ST - ZIP	TAMPA FL
TITLE	SVPD
NAME	BARE, JAMES A
STREET ADDRESS	8900 GRAND OAK CIR
CITY - ST - ZIP	TAMPA FL
TITLE	EPVD
NAME	SHIGLEY, HENRY F
STREET ADDRESS	8900 GRAND OAK CIR
CITY - ST - ZIP	TAMPA FL
TITLE	SVPS
NAME	GARNER, JAMES R
STREET ADDRESS	8900 GRAND OAK CIR
CITY - ST - ZIP	TAMPA FL
TITLE	VPT
NAME	HILLSMAN, JAMES R
STREET ADDRESS	8900 GRAND OAK CIR
CITY - ST - ZIP	TAMPA FL
TITLE	AS
NAME	BROTT, HAZEL A
STREET ADDRESS	8900 GRAND OAK CIR
CITY - ST - ZIP	TAMPA FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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; 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 addition.

SIGNATURE: *Hazel A. Brott* HAZEL A. BROTT
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

2/6/95

(813)632-4500

ASST. Secy.