

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 # 308491

(0)

1. Corporation Name

GW ADVERTISING AGENCY, INC.



Principal Place of Business

8900 GRAND OAK CIR
TAMPA F 33637-1050
US

Mailing Address

8900 GRAND OAK CIR
TAMPA FL 33637-1050
US

3. Date Incorporated or Qualified
08/30/1966

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

30. Country

4. FEI 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

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 of person authorized to change registered agent or office (if applicable)

Signature of Registered Agent (signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CARROLL, L V
STREET ADDRESS 8900 GRAND OAK CIR
CITY-STATE-ZIP TAMPA FL

TITLE SVPD ☐ DELETE

NAME BARE, JAMES A
STREET ADDRESS 8900 GRAND OAK CIR
CITY-STATE-ZIP TAMPA FL

TITLE EVPD ☐ DELETE

NAME SHIGLEY, HENRY F
STREET ADDRESS 8900 GRAND OAK CIR
CITY-STATE-ZIP TAMPA FL

TITLE SVPS ☐ DELETE

NAME GARNER, JAMES R
STREET ADDRESS 8900 GRAND OAK CIR
CITY-STATE-ZIP TAMPA FL

TITLE VPT ☐ DELETE

NAME HILLSMAN, JAMES R
STREET ADDRESS 8900 GRAND OAK CIR
CITY-STATE-ZIP TAMPA FL

TITLE AS ☐ DELETE

NAME BROTT, HAZEL A
STREET ADDRESS 8900 GRAND OAK CIR
CITY-STATE-ZIP TAMPA FL

1. TITLE

1.1 NAME

1.2 STREET ADDRESS

1.3 CITY-STATE-ZIP

2. TITLE

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY-STATE-ZIP

3. TITLE

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY-STATE-ZIP

4. TITLE

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY-STATE-ZIP

5. TITLE

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY-STATE-ZIP

6. TITLE

6.1 NAME

6.2 STREET ADDRESS

6.3 CITY-STATE-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)(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: *Hazel A. Brott*

HAZEL A. BROTT

2/12/96 813-632-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. Secy.

Date

Daytime Phone #

CR2E034 (12/95)