## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

NAME Street address <sup>#</sup> 357078

(5)

BILL BI	JRNS TV	SALES AND SEF	IVICE, INC.							
Principal Place	e of Busines	s	Mailing Add	dress	··		- I ENDINO ENERO DIANT CADAK DONAN NOBERI	Ell Bibli Diffi	DIEN GIBN DIEN	
347 - 62ND AVENUE, NORTH 347 - 62ND AVENUE, NORTH ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702							DO NOT WRIT	E IN THIS S	BPACE	
							<ol> <li>Date Incorporated or Qualified</li> <li>12/22/1969</li> </ol>			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Ap	oplied For
21			26				59-1286445			ot Applicable
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	е		<u> </u>	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
Zip	p Country		Zip	4			This corporation owes or has paid the cur     Personal Property Tax due June 30.		rent year Int	
24 25 29 30 30 9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
LEECH, ROBERT E						ame -			<u></u>	
209 NW JEFFERSON CIRCLE N.					<b>82</b> S		Leech, Robert E.  ass (P.O. Box Number is Not Accepte 135 3rd St. N.	ible)		
#12 ST PETERSBURG FL 33702					83		135 SEQ SC. N.			
<b>.</b>					<b>84</b> C	ity S	st. Petersburg	FL	85 Zip (	Code 702
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, to office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida						med corno	oration submits this statement for the	purpose of	changing its	s registered
SIGNATURE		· ,								
12.	Signature, typed	or printed name of registered as	Initiand title if applicable  ND DIRECTORS	. (NOTE:	Registered Agent sig	nature require	d when reins(eting) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	S IN 12
TITLE	PSTD	OT TOLITO A		DELETE	1,1 TITLE	PS	STD	IOLINO AINQ	Change	Addition
NAME	LEECH, ROBERT E				1,2 NAME		ech,Robert E.			
STREET ADDRESS 209 NW JEFFERSON CIRCLE N.			E N.	1.3 STREET ADDRESS			35 3rd St. N.			
CITY-ST-ZIP ST PETERSBURG FL 33702				···			. Petersburg, Fl	3370	· ၁	
TITLE	DELETE			1.4 CITY-ST-ZIF 2.1 TITLE		· receisioney, Fi		Change	Addition	
NAME					2.2 NAME					•
STREET ADDRESS	REET ADDRESS			2.5		IESS				
CITY-ST-ZIP				2.4 CITY-ST-ZIP						
TITLE				DELETE	3.1 TITLE				Change	☐ Addition
NAME					3.2 NAME	- 1				
STREET ADDRESS					3.3 STREET ADD	RESS				
CITY-ST-ZIP					3.4. CITY-ST-ZI	P				
TITLE			Ĺ	_ DELETE	4.1 TITLE	ļ			Change	☐ Addition
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET ADD	RESS				
CITY-ST-ZIP					4.4 CITY - ST - 20F					
TITLE				DELETE	5.1 TATLE				Change	Addition
NAME					5.2 NAME					1
STREET ADDRESS					5.3 STREET ADDI	ess				
CITY-ST-ZIP 5.41									<del></del>	
TITLE			L	DELETE	6.1 TITLE	[			☐ Change	Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 cytanges, or on ay attachment with an address.

6.3 STREET ADDRESS

SIGNATURE & YOUR OFF 9. SIELL