FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 28 AM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **759176** **(1)**

1. Corporation Name
MISS BAY AREA PAGEANT, INC.

Principal Place of Business	Mailing Address
719 S BLVD TAMPA FL 33606	719 S BLVD TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/15/1981**
3a. Date of Last Report: **03/07/1994**
4. FEI Number: **59-2888773** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 719 South Boulevard	26 719 South Boulevard
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, FL	28 City & State: Tampa, FL
24 Zip: 33606 25 Country: Hillsborough	29 Zip: 33606 30 Country: Hillsborough

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEHUST, MRS VIRGINIA
719 S BLVD
TAMPA FL 33606

10. Name and Address of New Registered Agent

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: VIRGINIA L. WEHUST (Signature, typed or printed name of registered agent and title if applicable) Virginia L. Wehust (NOTE: Registered Agent signature required when reinstating) DATE: February 2, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE "D"	PED	11 TITLE	☐ Change ☐ Addition
NAME	WEHUST, VIRGINIA L.	12 NAME	
STREET ADDRESS	719 SO. BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	14 CITY-ST-ZIP	
TITLE "T"	VP	21 TITLE	☐ Change ☐ Addition
NAME	FAVATA, ROSEANN F.	22 NAME	
STREET ADDRESS	5004 PURITAN RD.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	24 CITY-ST-ZIP	
TITLE "T"	VP	31 TITLE	☐ Change ☐ Addition
NAME	COLGAN, DONNIE	32 NAME	
STREET ADDRESS	3601 GREENSTONE PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	34 CITY-ST-ZIP	
TITLE "T"	S	41 TITLE	☐ Change ☐ Addition
NAME	PORTER, VIVIAN	42 NAME	
STREET ADDRESS	12701 ALLENDALE LANE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	44 CITY-ST-ZIP	
TITLE "T"	T	51 TITLE	☐ Change ☐ Addition
NAME	MARTIN, MARY	52 NAME	
STREET ADDRESS	6031 TRELLIS COURT	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	54 CITY-ST-ZIP	
TITLE "T"	COB	61 TITLE	☐ Change ☐ Addition
NAME	VARGUS, ED	62 NAME	
STREET ADDRESS	4714 HABANA, #3104	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	64 CITY-ST-ZIP	

A 2/28
DEPOSITED BY BANK

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia L. Wehust VIRGINIA L. WEHUST 2/2/95 (813) 251-6645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000383