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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H64969 (9)

1. Corporation Name

AAA INTRODUCTIONS OF BAY AREA, INC.

Principal Place of Business

8601 4TH STREET NORTH
SUITE 104
ST. PETERSBURG FL 33702

Mailing Address

720 E. FLETCHER AVENUE, STE. 100
14902 N. FLORIDA AVENUE, SUITE F
TAMPA FL 33612
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/03/1985

3a. Date of Last Report

02/07/1994

4. FEI Number

59-2574556

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.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTERBAUGH, KENT R
8671 4TH STREET NORTH
SUITE 104
ST. PETERSBURG FL 33702

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, typed 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 DP
NAME WELLONS, MARILYN
STREET ADDRESS 720 E. FLETCHER AVE, #100
CITY-ST-ZIP TAMPA FL

1.1 TITLE DP
1.2 NAME KENT R. BUTERBAUGH ☒ Change ☐ Addition
1.3 STREET ADDRESS 8601 4TH ST. N SUITE 104
1.4 CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE SV
NAME WELLONS, RON
STREET ADDRESS 720 E. FLETCHER AVE #100
CITY-ST-ZIP TAMPA FL

2.1 TITLE DS ☒ Change ☐ Addition
2.2 NAME BILLIE JEAN BUTERBAUGH
2.3 STREET ADDRESS 8601 4TH ST N SUITE 104
2.4 CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(b), 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:

KENT R. BUTERBAUGH

1-12-95

813-576-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime (Area #)