

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90063 028 ***150.00

DOCUMENT # H80010

1. Entity Name
BAY AREA CONCESSIONS, INC.



Principal Place of Business
**TAMPA INTERNATIONAL AIRPORT
P. O. BOX 21603
TAMPA, FL 33622**

Mailing Address
**TAMPA INTERNATIONAL AIRPORT
P. O. BOX 21603
TAMPA, FL 33622**

24008873



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2594702

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARGRETT, JAMES T., JR.
2002 E. EMMA ST. 5501 W. Spruce St C-2
TAMPA, FL 33610 Tampa, FL 33607

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
HARGRETT JR., JAMES T.
PO BOX 21603
TAMPA, FL 33622**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FERLITA, ROSE
4810 N. NEBRASKA AVE.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KINSEY, RANDOLPH
3744 N. 40TH STREET
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOWER, WALLACE Z
8306 FIR DR
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-04 813-369-3908