

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 # J58852 (1)

1. Corporation Name

BAY PLAZA REALTY COMPANY



Principal Place of Business

25 2ND ST. N., SUITE 300
ST. PETERSBURG FL 33701

Mailing Address

25 2ND ST. N., SUITE 300
ST. PETERSBURG FL 33701

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 Suite 400

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Suite 400

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

02/24/1987

3a. Date of Last Report

04/26/1995

4. FET Number

93-0952192

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

HARRELL, ROY G., JR.
SUITE 1202
100 SECOND AVENUE SOUTH
ST PETERSBURG FL 33701

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	
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	DELVECCHIO, ANITA L
STREET ADDRESS	25 2ND ST N, #300
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, LYNN L
STREET ADDRESS	25 2ND ST N, #300
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	ETDS <input checked="" type="checkbox"/> DELETE
NAME	JANES, WALTER C.
STREET ADDRESS	25 2ND ST N, #300
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	FOX, JOHN H
STREET ADDRESS	5612 TAHOE LANE
CITY-ST-ZIP	SHAWNEE MISSION KS
TITLE	VASD <input type="checkbox"/> DELETE
NAME	VAN BUTSEL MICHAEL R
STREET ADDRESS	25 2ND ST N #300X #400
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael T. Shields
1.3 STREET ADDRESS	3629 Somerset Drive
1.4 CITY-ST-ZIP	Shawnee Mission, KS 66208
2.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barrett Brady
2.3 STREET ADDRESS	5317 Mission Woods Terrace
2.4 CITY-ST-ZIP	Shawnee Mission, KS 66205
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000001811230
-05/07/96--01091--007
***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

(816) 561-3456

Daytime Phone

CR2E034 (12/95)