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FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # K79349 (2)

1. Corporation Name
BAY AREA PAGING SERVICES, INC.

Principal Place of Business
105 F. DUNBAR AVENUE
OLDSMAR FL 34677

Mailing Address
105 F. DUNBAR AVENUE
OLDSMAR FL 34677

3. Date Incorporated or Qualified: 04/11/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2951952 — 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
~~FOLEY, KAREN L.~~
~~9069 DIXIANA VILLA CIR.~~
~~TAMPA FL 33635~~

10. Name and Address of New Registered Agent
81 Name: MARY P. BROWN
82 Street Address (P.O. Box Number is Not Acceptable): 5325 HARBORSIDE DR.
83
84 City: TAMPA FL 85 Zip Code: 33615

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: Mary Pamela Brown — MARY PAMELA BROWN VST — 4/10/97
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	☒ DELETE
NAME	FOLEY, KAREN	
STREET ADDRESS	9069 DIXIEANA VILLA CIR.	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	P	☐ DELETE
NAME	BROWN, KENNETH A	
STREET ADDRESS	5471 BAYWATER DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	P	☐ DELETE
NAME	BROWN, MARY P	
STREET ADDRESS	5471 BAYWATER DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	BROWN, KENNETH A	
2.3 STREET ADDRESS	5325 HARBORSIDE DR.	
2.4 CITY-ST-ZIP	TAMPA, FL. 33615	
3.1 TITLE	V.S.T.	☒ Change ☐ Addition
3.2 NAME	BROWN, MARY PAMELA	
3.3 STREET ADDRESS	5325 HARBORSIDE DR.	
3.4 CITY-ST-ZIP	TAMPA, FL. 33615	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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 changed, or on an attachment with an address.

SIGNATURE: Mary Pamela Brown — MARY PAMELA BROWN — 4/10/97 — 813-854-4440

CR2E034 (9/96)