

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N28180

1. Corporation Name

TAMPA ADVERTISING CO-OP, INC.

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90124 003 ****61.25

Principal Pla	ace of Business	Mailing Address			
C/O CRAIG	MADANICK	C/O HEWITT & CHARTERED		1 10003101 010 31001 1010 11001 1000 1000	AHARI AKAN ALAM AKAN AKAN INA
250 INTERNATIONAL PARKWAY, STE. 150 P.O. BOX 21463					
HEATHROW	FL 32746	TAMPA FL 33622-1463		#	AIAII AIAis alais afail afait ains ibas
US		US			
1					
2. Principal	Place of Business	2a. Mailing Address		Date Incorporated or Qualifed	
21		26		09/01/1988	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2927315	Not Applicable
City & St	tate	City & State		5. Certifcate of Status Desired	\$8.75 Additional
23		28		5. Certificate of Status Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30]	Trust Fund Contribution	Added to Fees
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	ed Agent
			81 Name -		
0040 5	ACII		L L	au, d Ivey	
SIMS, EASU			82 Street Addr	ess (P.O. Box Number is Not Acceptable) GEQUESTY an Tria	1
2600 MCCORMICK DRIVE			83	1 Equesty I am III is	
SUITE 3					
CLEARY	VATER FL 34619		84 City des	ra F	85 Zip Code
ļ			Ucle S	sq r	
11. Pursua	nt to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes,		oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agent.	I am familiar with pand accept, the oblig-	ations of, Section 617.0503, Florida	Statutes.	Site Ballia of all colores visite by average with app	· · · · · · · · · · · · · · · · · · ·
SIGNATUR				3-15-95	9
SIGNATUR	Signature, typed or printed name of registered ag	ht and title if applicable (NOTE, Re-	gistered Agent signature required		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GYARMATHY, GARY		12 NAME G	corge Bunning	
STREET ADDRE	ss 4766 SW BIMINI CRICLE S		13 STREET ADDRESS 19	110 w. Memoral Dr.	
CITY-ST-ZIP	PALM CITY FL		14 CITY-ST-ZIP	deland FL 33801	
TITLE	P	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	IVEY, DAVID		22 NAME FV	and Hornick	
STREET ADDRES			23 STREET ADDRESS	101 Kirknon Rd, #7	25
İ	ODESSA FL 33556		2 ACTIV ST 7/8	101 K, know Pd, #7 vlands to 32819	_
CITY-ST-ZIP	D DESSA PL 33330	TH DELETE	2 1 TITI E		Change Addition
	•	المالية	To	ha Roberty	
NAME	BRENNER, BILL		32 NAME	240 US Hay 195	
STREET ADDRE			33 STREET ADDRESS	New Port Richery Fr 3	1160
CITY-ST-ZIP	SARASOTA FL		34 CITY-ST-ZIP	New York Kichery, PL 5	9636
TITLE			,	•	Tarango (Ladabaa)
1	D	☐ DELETE			☑ Change ☐ Addition
NAME	BEGLEY, KEITH	-	4 2 NAME		☑ Change ☐ Addition
NAME STREET ADDRE	BEGLEY, KEITH	-	4 2 NAME	eith Benley 699 Lee Rand 47400	_
	BEGLEY, KEITH	-	4 2 NAME	eith Benley 699 Lee Rand 47400	89
STREET ADDRE	BEGLEY, KEITH 5808-D BRECKENRIDGE PKW	-	4 2 NAME 4 3 STREET ADDRESS 2 4 4 CITY-ST-ZIP 5 1 TITLE	eith Begley 699 Lee Rand 4800 Nohr Park FL 327	-
STREET ADDRE	BEGLEY, KEITH 5808-D BRECKENRIDGE PKW TAMPA FL	Υ	4 2 NAME 4 3 STREET ADDRESS 2 4 4 CITY-ST-ZIP 51 TITLE 52 NAME 7	eith Benley 699 Lee Rand 47400	89

14. 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 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, with all other like empowered.

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

BARTOW FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

7/5/99 727 - Daytime Phone #

Change

☐ Acdition

RZE037 (11/98)