

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90020 015 ****61.25

DOCUMENT # N28180

1. Entity Name
TAMPA ADVERTISING CO-OP, INC.



Principal Place of Business
**P O BOX 21463
TAMPA, FL 33622-1463 US**

Mailing Address
**C/O HEWITT & CHARTERED
P.O. BOX 21463
TAMPA, FL 33622-1463 US**

44010130



2. Principal Place of Business
c/o Hewitt Chartered

Suite, Apt. #, etc.
P.O. Box 21463

City & State
Tampa FL

Zip
33622-1463

Country
US

3. Mailing Address
c/o Hewitt Chartered

Suite, Apt. #, etc.
P.O. Box 21463

City & State
Tampa FL

Zip
33622-1463

Country
US

01172004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2927315

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARY GYARMATHY
13180 N. CLEVELAND AVE.
FORT MYERS, FL 33903**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GYARMATHY, GARY**
STREET ADDRESS **13180 N. CLEVELAND AVE SUITE 326**
CITY-ST-ZIP **FORT MYERS, FL 33903**

TITLE **D** ☐ Delete
NAME **IVEY, DAVID**
STREET ADDRESS **17409 EQUESTRIAN TR.**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **D** ☐ Delete
NAME **ROBERTS, JOHN**
STREET ADDRESS **12609 SELAH RANCH LANE**
CITY-ST-ZIP **THONOTOSASSA, FL 33592**

TITLE **D** ☒ Delete
NAME **BEGLEY, KEITH**
STREET ADDRESS **2699 LEE RD 260**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Delete
NAME **BRIDGMAN, JR., ULYSSES**
STREET ADDRESS **1903 STANLEY GAULT PARKWAY**
CITY-ST-ZIP **LOUISVILLE, KY 40223**

TITLE **D** ☐ Delete
NAME **BANNING, GEORGE**
STREET ADDRESS **1910 W MEMORIAL DR**
CITY-ST-ZIP **LAKELAND, FL 33801**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/D** ☐ Change ☒ Addition
NAME **Guy Leslie**
STREET ADDRESS **13180 N. Cleveland, Ste 326**
CITY-ST-ZIP **N. Ft. Myers, FL 33903**

TITLE **T/D** ☐ Change ☒ Addition
NAME **Martin Phillips**
STREET ADDRESS **1910 W. Memorial Dr.**
CITY-ST-ZIP **Lakeland FL 33801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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 #

3-9-04