

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N40892** (4)

1. Corporation Name

BAY AREA COMMUTER SERVICES, INC.

Principal Place of Business

**5100 W KENNEDY BLVD
SUITE 265
TAMPA FL 33609**

Mailing Address

**5100 W KENNEDY BLVD
SUITE 265
TAMPA FL 33609**



3. Date Incorporated or Qualified
11/19/1990

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
59-3050472

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

**DEFRETIAS, DAVID H
5100 W. KENNEDY BLVD., SUITE 265
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name **JAMES B. LAW**
82 Street Address (P.O. Box Number is Not Acceptable)
5100 W KENNEDY BLVD, Suite 265
83
84 City **Tampa** FL 85 Zip Code **33609**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **JAMES B. LAW, JAMES B. LAW, Executive Director**

DATE **3/26/96**

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **TRIA, LEONARD F. J**
STREET ADDRESS **5100 W. KENNEDY BLVD., STE 300**
CITY-ST-ZIP **TAMPA FL**

TITLE **VCD** ☐ DELETE
NAME **MINARDI, LOUIS A. J**
STREET ADDRESS **502 NO. OREGON AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE
NAME **CAREW, MARLENE**
STREET ADDRESS **5600 78TH AVE. NO.**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **D** ☐ DELETE
NAME **LAW, JAMES B.**
STREET ADDRESS **2419 22ND AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **ADJAN, LOUIS**
STREET ADDRESS **1397 CASS CIRCLE**
CITY-ST-ZIP **SPRING HILL FL**

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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

**200001778152
-04/12/96--01028--035
***70.00**

411-9682

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (810)
282-246A

CR2E037 (12/95)