

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40892** (4)

1. Corporation Name

BAY AREA COMMUTER SERVICES, INC.

Principal Place of Business

Mailing Address

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

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



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

3. Date Incorporated or Qualified

11/19/1990

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAW, JAMES B
5100 W. KENNEDY BLVD., SUITE 265
TAMPA FL 33609**

81 Name **Sarah S. NOYLE**

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

Sarah S. Noyle

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	TRIA, LEONARD F. J
STREET ADDRESS	5100 W. KENNEDY BLVD., STE 300
CITY-ST-ZIP	TAMPA FL
TITLE	VCD <input type="checkbox"/> DELETE
NAME	MINARDI, LOUIS A. J
STREET ADDRESS	502 NO. OREGON AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CAREW, MARLENE
STREET ADDRESS	5800 78TH AVE. NO.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LAW, JAMES B.
STREET ADDRESS	2419 22ND AVE. N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MD
4.3 STREET ADDRESS	NOYLE, SARAH S.
4.4 CITY-ST-ZIP	5453 BAYWATER DR.
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, on an attachment with an address.

SIGNATURE:

Sarah S. Noyle

1/24/98 (MD) 252-2412

CP2E037 (10/97)