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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40892

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



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

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



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NOYLE, SARA S.
5100 W. KENNEDY BLVD., SUITE 265
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name SARAH S. NOYLE

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Executive Director 1/11/99

DATE

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 MD ☐ DELETE

NAME NOYLE, SARAH S.
STREET ADDRESS 5453 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 Tampa, FL 33609

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Tampa, FL 33606

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 6826 Eden Lane

3.4 CITY-ST-ZIP Tampa, FL 33634

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 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.

SIGNATURE:

Sarah S. Noyle SECRETARY OF STATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

(813) 282-2467
Daytime Phone #

CR2E037 (11/98)