CORPORATION ANNUAL REPORT 1995

Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 17 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46974 (4)

1. Corporation Name

BEACH DRIVE AND DOWNTOWN BUSINESS ASSOCIATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% JOHN MAGUIRE, MAGUIRE PRINTING & DESIGN 646 FIRST AVE S ST PETERSBURG FL 33701	% JOHN MAGUIRE, MAGUIRE PRINTING & DESIGN 646 FIRST AVE S ST PETERSBURG FL 33701

3. Date Incorporated or Qualified: 01/22/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3169066 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MAGUIRE, JOHN
% MAGUIRE PRINTING & DESIGN
646 FIRST AVE S
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ALLISON, CYNTHIA B	12 NAME	AVEY, PAUL	
STREET ADDRESS	100 2ND AVENUE NORTH, #130	13 STREET ADDRESS	320 - 4TH ST. N.	
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	AVEY, PAUL	22 NAME	MARTINO, DEBRA	
STREET ADDRESS	320 - 4TH ST. N	23 STREET ADDRESS	263 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	MARTINO, DEBRA	32 NAME	COHEN, WHITNEY	
STREET ADDRESS	263 CENTRAL AVE.	33 STREET ADDRESS	154 BEACH DR. N.E	
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	MAGUIRE, JOHN	42 NAME	WATTERS, BRUCE W	
STREET ADDRESS	646 1ST AVE S	43 STREET ADDRESS	424 BEACH DR. N.E.	
CITY-ST-ZIP	ST PETERBURG FL	44 CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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.

SIGNATURE: Bruce W. Watters BRUCE W. WATTERS, TRES 4/12/95 813-896-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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