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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000006209

1. Corporation Name

FT. MYERS ADVERTISING CO-OP, INC.

Principal Place of Business
250 INTERNATIONAL PARKWAY
SUITE 260
HEATHROW FL 32746

Mailing Address
PO BOX 21463
TAMPA FL 33622-1463
US



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/20/1994 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3238125 | Applied For <input type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | | |

| | | | | | | | |
|--|--|--|--|--|---|----|--------------------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SIMS, ESAU 2600 MCCORMICK DR. SUITE 370 CLEARWATER FL 34619 | | | | 81 | Name Larry Parrish | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) 40 Wendy's 802 NW 1st Street | | |
| | | | | 83 | | | |
| | | | | 84 | City South Bay | 85 | Zip Code FL 33493 |

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 **Larry Parrish** **LARRY PARRISH 3-14-99**
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------------|--|--|---|----------------------------|--|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SIMS, ESAU | | | 1.2 NAME | Ulysses Bridgeman Jr. | | |
| STREET ADDRESS | 2600 MCCORMICK DR. STE. 370 | | | 1.3 STREET ADDRESS | 12910 Shelbyville Rd # 104 | | |
| CITY-ST-ZIP | CLEARWATER FL 34619 | | | 1.4 CITY-ST-ZIP | Louisville, KY 40243 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | VANBUSKIRK, PAUL | | | 2.2 NAME | Frank Hornick | | |
| STREET ADDRESS | 1018 SAN MATEO DRIVE | | | 2.3 STREET ADDRESS | 5401 Kirkman Rd # 725 | | |
| CITY-ST-ZIP | PUNTA GORDA FL 33950 | | | 2.4 CITY-ST-ZIP | Orlando, FL 32819 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | MANICK, RICHARD | | | 3.2 NAME | Larry Parrish | | |
| STREET ADDRESS | 407 JAPURA STREET | | | 3.3 STREET ADDRESS | 802 NW 1st Street | | |
| CITY-ST-ZIP | PT CHARLOTTE FL 33980 | | | 3.4 CITY-ST-ZIP | South Bay, FL 33493 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOOVER, CARL | | | 4.2 NAME | | | |
| STREET ADDRESS | 4015 WETHERBURN DR. #B200 | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NORCROSS GA 30092 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: **LARRY PARRISH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)