

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000014613 (3)

1. Corporation Name

COMMUNITY DIRECTORY COMPANY OF PUNTA GORDA-PORT
CHARLOTTE INC.

Principal Place of Business

Mailing Address

3380 TAMAMI TRAIL
ATE B2
PORT CHARLOTTE FL 34284 33952
US

3380 TAMAMI TRAIL
ATE B2
PORT CHARLOTTE FL-34284 33952
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/23/1992

3a. Date of Last Report
05/01/1995

4. FEI Number

47-0751670

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

10. Name and Address of New Registered Agent

81 Name

Rex Story

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

1104 San Mateo Dr

83

84

City Punta Gorda

FL

85 Zip Code

33950

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

Rex Story

Signature typed, printed and signed required when first filing

Rex Story

4-11-96

DATE

12. OFFICERS AND DIRECTORS

TITLE DCT ☐ DELETE

NAME STORY, REX
STREET ADDRESS 3380 TAMAMI TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VP ☐ DELETE

NAME STORY, REX
STREET ADDRESS 3380 TAMAMI TRAIL B2
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE S ☐ DELETE

NAME OENBRING, DAVID
STREET ADDRESS 3380 TAMAMI TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

700001778237
-04/12/96--01034--021
****208.75 ****208.75

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rex Story*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rex Story

4-11-96

DATE

639-3200

Daytime Phone #

004112

CR2E034 (12/95)