

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000066642 (8)

1. Corporation Name

BAY AREA PUBLICATIONS, INC.

Principal Place of Business

2557 NURSERY RD
STE A
CLEARWATER FL 34624
US

Mailing Address

2557 NURSERY RD
STE A
CLEARWATER FL 34624
US



3. Date Incorporated or Qualified
09/24/1993

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

2. Principal Place of Business

2a. Mailing Address

21 132 10th Avenue North #102
Suite, Apt. #, etc.

26 132 10th Avenue North

22 Suite 102
City & State

27 Suite 102
City & State

23 Safety Harbor, FL.

28 Safety Harbor, FL.

24 Zip
34695

25 Country
Pinellas

29 Zip
34695

30 Country
Pinellas

4. FEI Number

59-3202306

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TODD, H. BLAINE
4707 140TH AVENUE N., BLDG 200
SUITE 216
CLEARWATER FL 34622

81 Name

Gregory G. Schultz

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

132 10th Avenue North Suite 102

83 Safety Harbor, FL.

84 City
Safety Harbor

FL

85 Zip Code
34695

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 607.0508, Florida Statutes.

SIGNATURE

Gregory G. Schultz

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

0 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TODD, H. BLAINE
2557 NURSERY RD STE A
CLEARWATER FL

1.1 TITLE

P, T, S, D

☒ Change ☐ Addition

1.2 NAME

Todd H. Blaine

1.3 STREET ADDRESS

132 10th Avenue North Suite 102

1.4 CITY-ST-ZIP

Safety Harbor, FL. 34695

☐ Change ☐ Addition

☐ DELETE

TITLE
NAME
STREET ADDRESS

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

Daytime Phone #

CR2E034 (12/95)