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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000005278 (4)

1. Corporation Name
PBS OF SOUTH FLORIDA, INC.



Principal Place of Business

% PAYCHEX INC.
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625
US

Mailing Address

% PAYCHEX INC.
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625-2311
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 % PAYCHEX INC

27 Suite, Apt. #, etc.

28 10105 9th St. North

29 City & State

30 ST. PETERSBURG, FL

31 Zip

32 33716

33 Country

34 US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3220988

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C/T ☐ DELETE

NAME LASHER, STUART G.
STREET ADDRESS 10105 9TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33716-3807

TITLE P/S ☒ DELETE

NAME ESRICK, STEVEN M.
STREET ADDRESS 10105 9TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33716-3807

TITLE V ☒ DELETE

NAME SINGER, GLENN H.
STREET ADDRESS 10105 9TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33716-3807

TITLE V ☒ DELETE

NAME BAERWALDE, ROBERT P. JR.
STREET ADDRESS 10105 9TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33716-3807

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

11 TITLE P ☒ Change ☐ Addition

12 NAME LASHER, STUART G.
13 STREET ADDRESS 4921 NEW PROVIDENCE AVE
14 CITY-ST-ZIP TAMPA, FL 33629

21 TITLE V ☐ Change ☒ Addition

22 NAME WARSHOF, RICHARD S.
23 STREET ADDRESS 22 BROOKSHIRE LANE
24 CITY-ST-ZIP PENFIELD, NY 14526

31 TITLE 6/T ☐ Change ☒ Addition

32 NAME MORPHY, JOHN
33 STREET ADDRESS 51 VINEYARD HILL
34 CITY-ST-ZIP FAIRPORT, NY 14450

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 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]

4/29/97 813.579-0505

CR2E034 (9/96)