

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 11, 1999 8:00am**  
**Secretary of State**

02-11-1999 90018 050 \*\*\*150.00

**DOCUMENT # P94000064362**

1. Corporation Name

**FLORIDA DIRECTORY PUBLISHING, INC.**

Principal Place of Business

**490 FIRST AVE. S.  
ST. PETERSBURG FL 33701  
US**

Mailing Address

**490 FIRST AVE. S.  
C/O ANDREW CORTY  
ST. PETERSBURG FL 33701  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**08/31/1994**

4. FEI Number

**65-0516712**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**RAHDERT, GEORGE K  
535 CENTRAL AVENUE  
ST. PETERSBURG FL 33701**

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

Signatures, 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	DELETE
NAME	CORTY, ANDREW P	
STREET ADDRESS	490 1ST AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	DELETE
NAME	ROALES, JUDITH	
STREET ADDRESS	490 FIRST AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	STD	DELETE
NAME	KARL, CATHERINE	
STREET ADDRESS	490 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	DELETE
NAME	BARNES, ANDREW E	
STREET ADDRESS	490 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	DELETE
NAME	REEVES, RICHARD F	
STREET ADDRESS	490 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:

**Andrew P. Corty**

**ANDREW CORTY**

**1/25/99**

**8727/893-8111**

CR2E034 (1/98)