

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

DOCUMENT # P96000000727

1. Corporation Name  
GREATER BAY AREA SIGNS, INC.

Principal Place of Business

300 S. MADISON AVE.  
SUITE #9  
CLEARWATER FL 34616

Mailing Address

300 S. MADISON AVE.  
SUITE #9  
CLEARWATER FL 34616

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90207 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number

65-0664785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 300 S. Madison Ave

2a. Mailing Address

26 300 S. MADISON AVE

Suite, Apt. #, etc.

22 Suite #9

Suite, Apt. #, etc.

27 SUITE #9

City & State

23 Clearwater, FL

City & State

28 CLEARWATER FL

Zip

24 33756

25

Country

Zip

29 33756

30

Country

9. Name and Address of Current Registered Agent

WHITEHURST, MICHAEL R  
870 BAY ESPLANADE  
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name Whitehurst, Michael R.

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

300 S. Madison Ave. #9

83

84

City

Clearwater

FL

85

Zip Code

33756

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 PD ☐ DELETE

NAME WHITEHURST, MICHAEL R  
STREET ADDRESS 300 S. MADISON AVE., #9  
CITY-ST-ZIP CLEARWATER FL 34616

TITLE SD ☐ DELETE

NAME WHITEHURST, CATHERINE C  
STREET ADDRESS 300 S. MADISON AVE., #9  
CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

CATHERINE WHITEHURST  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 727-442-55

Date

Daytime Phone #

CR2E034 (11/98)