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FILED
May 13 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 # P96000004488 (8)

1. Corporation Name
PASCO COUNTY TV WEEKLY, INC.

Principal Place of Business

~~5259 DELTONA BLVD.~~
~~SPRING HILL FL 34606~~

Mailing Address

POST OFFICE BOX 5265
SPRING HILL FL 34611-0265



2. Principal Place of Business

21 3285 ALDORO AVE.

Suite, Apt. #, etc.

22 City & State

23 SPRING HILL, FL

Zip

24 34609

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/11/1986

3a. Date of Last Report

4. FEI Number

59-3355590

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

PETRUZZELLI, LOUIS
5259 DELTONA BLVD.
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name

PETRUZZELLI, LOUIS

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

3285 ALDORO AVE.

83

84 City

SPRING HILL

85

FL Zip Code

34609

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

4-30-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME PETRUZZELLI, LOUIS
STREET ADDRESS ~~5259 DELTONA BLVD.~~
CITY - ST - ZIP SPRING HILL FL 34606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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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

P/S
1.2 NAME
1.3 STREET ADDRESS 3285 ALDORO AVE.
1.4 CITY - ST - ZIP 34609

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 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 or changed or on an attachment with an address.

SIGNATURE: *Louis Petruzzelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS PETRUZZELLI

4-30-97

Date

Daytime Phone #

0459783

CR2E034 (9/96)