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Apr 23 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 # P96000083403 (1)

1. Corporation Name

FLORIDA ADVERTISING PLACEMENT AGENCY, INC.

Principal Place of Business

P.O. BOX 2175
KEYSTONE HEIGHTS FL 32656

Mailing Address

P.O. BOX 2175
KEYSTONE HEIGHTS FL 32656-2175



3. Date Incorporated or Qualified

10/07/1996

3a. Date of Last Report

2. Principal Place of Business

21 8186 ALDERMAN RD.

Suite, Apt. #, etc.

22

City & State

23 MELROSE, FL

Zip

24 32666

Country

25 USA

2a. Mailing Address

26 P.O. Box 2175

Suite, Apt. #, etc.

27

City & State

28 Keystone Heights, FL

Zip

29 32656

Country

30 USA

4. FEI Number

59-340-6121

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

CAUSEY, BRUCE G
8186 ALDERMAN RD.
MELROSE FL 32666

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME BRUCE CAUSEY
STREET ADDRESS 8186 ALDERMAN RD
CITY-ST-ZIP MELROSE, FL 32666

TITLE STELLIZABETH M. NEUHARTH ☐ DELETE

NAME STELLIZABETH M. NEUHARTH
STREET ADDRESS 12015 SE 55th AVE RD
CITY-ST-ZIP Bellevue, WI 534420

TITLE ELAINE SOPER ☐ DELETE

NAME ELAINE SOPER
STREET ADDRESS 8026 DUNSTABLE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32817

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 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: Elizabeth M. Neuharth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16 352-367-9447

CR2E034 (9/96)