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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059012 (9)

TODDCO DIRECTORY ADVERTISING, INC.

FILED Mar 03 1998 8:00am Secretary of State



Disabled Disas of Dusiness Malling Address									
Principal Place of Business Mailing Address									
4201 SANTIAGO STREET 4201 SANTIAGO STREET			•						
TAMPA FL 33	059	TAMPA FL 33629			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualific	ed		·
						07/07/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26	<u> </u>			59-345490	<u>' </u>		ot Applicable
Suite, Apt.	#, 6 1C.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
City & State	0	City & State			 			equired	
23	0	28			Election Campaign Financing Trust Fund Contribution	, 		May Be to Fees	
Zip				Country 8. This corporation owes or has paid the current year Intangible					
24	25	29	30	,		Personal Property Tax due June 30. Yes No			
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
DAG	RNELL, CINDY T			81	Name				
	1 SANTIAGO STREET		82 Street A			Iress (P.O. Box Number is Not Accep	ntahla)		
	APA FL 33629		62 Street Ar			1 .O. DOX NUMBER 18 NOT NOTE	olable)		
1				83					
				84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
				"	City		FL	- 65 Zip	Code
11. Pursuant to office or re	to the provisions of Sections 607.050a egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was	tes, the at authorized	oove d by	-named cor the corpora	poration submits this statement for thition's board of directors. I hereby ac	e purpose o	of changing i	ts registered registered
agent. I ai SIGNATURE	m lamiliar with, and accept the obliga	ations of, Section 607.0505, Fi	orida Stat	utes					
	Signature, typed or printed name of registered ager		E: Registered	Ager	nt signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE.	PD	☐ DELETE	1.1 111					L Change	☐ Addition
NAME	FAIRCLOTH, KATHERINE T		1.2 NA						
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33629	DELETE	_	TY-ST	T-ZIP			Change	Addition
TITLE	OADAIELL CIAIDY T		2.1 T/7					Onlings	
NAME STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33611			2.4 CITY-ST-ZIP					
TITLE	D	DELETE	3.1 TII		I-ZIF			Change	Addition
NAME	TODD, WILLIAM L			ME					
STREET ADDRESS	****			3.3 STREET ADDRESS		·			
CITY-ST-ZIP	TAMPA FL 33629			TY-S1	1				
TITLE		DELETE 4.1						Change	Addition
NAME	* *.		4. 2 N						
STREET ADDRESS			4.3 ST	REET #	ADDRESS				
CITY-ST-ZIP			4.4 CI	IY-ST	-ZIP				
TITLE		☐ DELETE	. 5.1 TIT					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET		ADDRESS				1
CITY-ST-ZIP			5.4 DITY-S		- ZIP				
TITLE		☐ DELETE	6.1 TIT	Lŧ				Change	Addition
NAME			6.2 NA	ME					į
STREET ADDRESS			6.3 ST	REET A	ADDRESS				
CITY-SF-ZIP			6.4 CIT						
44 Lhoroby o	artifu that the information cumplied wit	in this tiling door not smallful.	or tha ove	mari	on stated in	Continue 110 07/21/i) Clarida Ctatuta	. I firethor o	reië, that tha	. information

4. I bereby 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.

CICHATURE / I / Mana / P. OR WILL DA CON

7-211-98 813-

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