

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P97000085470**

1. Corporation Name

ALTERNATIVE YELLOW PAGES, INC.

Principal Place of Business
**4029 1/2 HENDERSON BLVD.
TAMPA FL 33629**

Mailing Address
**4029 1/2 HENDERSON BLVD.
TAMPA FL 33629**

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90013 036 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1997

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 7705**

26 **P.O. Box 7705**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **City & State**

27 **City & State**

23 **ST. PETERSBURG FL**

28 **ST. PETERSBURG FL**

Zip Country

Zip Country

24 **33734-7705** 25 **PINELLAS**

29 **33734-7705** 30 **PINELLAS**

4. FEI Number

59-3482013

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.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIMMER, RICHARD F
10511 CASTLEFORD WAY
TAMPA FL 33626**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MCDONALD, PAULA L**
STREET ADDRESS **742 PRUITT DRIVE**
CITY-ST-ZIP **MADEIRA BEACH FL 33706**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **P.O. Box 7705**
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33734-7705**

TITLE **D** ☐ DELETE
NAME **WELLS, JAMES E**
STREET ADDRESS **4029 1/2 HENDERSON BLVD.**
CITY-ST-ZIP **TAMPA FL 33629**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **P.O. Box 7705**
2.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33734-7705**

TITLE **D** ☐ DELETE
NAME **KROHN, JULIE A**
STREET ADDRESS **742 PRUITT DRIVE**
CITY-ST-ZIP **MADEIRA BEACH FL 33706**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **P.O. Box 7705**
3.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33734-7705**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

STATEMENT REQUIRED

08/10/99

727-520-4282

CR2E034 (5/99)