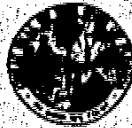


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Dandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 26 PM 1:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # S26104**

**(7)**

1. Corporation Name

**THE BAY PLAZA COMPANIES, INC.**

Principal Place of Business

**25 SECOND ST. N.  
SUITE 300  
ST. PETERSBURG FL 33701**

Mailing Address

**25 SECOND ST. N.  
SUITE 300  
ST. PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/17/1991**

3a. Date of Last Report

**04/29/1994**

4. FEI Number

**59-3045434**

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

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRELL, ROY G.  
100 2ND AVE. S.  
SUITE 1202  
ST. PETERSBURG FL 33701**

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          | <b>DP</b>                     |
| NAME           | <b>JACKSON, ROBERT L. JR.</b> |
| STREET ADDRESS | <b>25 2ND ST. N., #300</b>    |
| CITY- ST- ZIP  | <b>ST. PETERSBURG FL</b>      |
| TITLE          | <b>DC</b>                     |
| NAME           | <b>MCCARTHY, LYNN L.</b>      |
| STREET ADDRESS | <b>25 2ND ST. N., #300</b>    |
| CITY- ST- ZIP  | <b>ST. PETERSBURG FL</b>      |
| TITLE          | <b>DETS</b>                   |
| NAME           | <b>JANES, WALTER C.</b>       |
| STREET ADDRESS | <b>25 2ND ST. N., #300</b>    |
| CITY- ST- ZIP  | <b>ST. PETERSBURG FL</b>      |
| TITLE          | <b>VASD</b>                   |
| NAME           | <b>VAN BUTSEL, MICHAEL R.</b> |
| STREET ADDRESS | <b>25 2ND ST. N., #300</b>    |
| CITY- ST- ZIP  | <b>ST. PETERSBURG FL</b>      |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY- ST- ZIP  |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY- ST- ZIP  |                               |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS | <b>SEE ATTACHED LIST</b>                                          |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY- ST- ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

**SIGNATURE:** *Walter C. Janes* **WALTER C. JANES, VICE PRESIDENT**

**APRIL 17, 1995**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Signature/Name #

526104

**THE BAY PLAZA COMPANIES, INC.**

**OFFICERS**

**Chairman**

**Lynn L. McCarthy**

**62 LeMans Court  
Shawnee Mission, Kansas 6620**

**President**

**John H. Fox**

**5612 Tahoe Lane  
Shawnee Mission, Kansas 6620**

**Executive Vice President/Secretary/  
Treasurer**

**Walter C. Janes**

**7349 Booth  
Shawnee Mission, Kansas 6620**

**Vice President/Assistant Secretary**

**Michael R. Van Butsel**

**25 Second Street North - Suite 3  
St. Petersburg, Florida 33701**

**DIRECTORS**

**Lynn L. McCarthy**

**62 LeMans Court  
Shawnee Mission, Kansas 6620**

**John H. Fox**

**5612 Tahoe Lane  
Shawnee Mission, Kansas 6620**

**Walter C. Janes**

**7349 Booth  
Shawnee Mission, Kansas 6620**

**Michael R. Van Butsel**

**25 Second Street North - Suite 3  
St. Petersburg, Florida 33701**