

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified
01/17/1991

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

Suite 400

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite 400

27

City & State

28

Zip

Country

29

Zip

Country

30

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FOX, JOHN H
STREET ADDRESS 5612 TAHOE LANE
CITY-ST-ZIP SHAWNEE MISSION KS ☐ DELETE

TITLE DC
NAME MCCARTHY, LYNN L.
STREET ADDRESS 25 2ND ST. N., #300
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

TITLE DETS
NAME JAMES, WALTER C.
STREET ADDRESS 25 2ND ST. N., #300
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

TITLE VASD
NAME VAN BUTSEL, MICHAEL R.
STREET ADDRESS 25 2ND ST. N., #300X #400
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE Chairman ☐ Change ☒ Addition
1.2 NAME Barrett Brady
1.3 STREET ADDRESS 5317 Mission Woods Terrace
1.4 CITY-ST-ZIP Shawnee Mission, KS 66205

2.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition
2.2 NAME Michael T. Shields
2.3 STREET ADDRESS 3629 Somerset Drive
2.4 CITY-ST-ZIP Shawnee Mission, KS 66208

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (816) 561-3456

Date

Daytime Phone #

CR2E034 (12/95)