

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28083

(1)

1. Corporation Name

COMMERCIAL SITE SELECTION, INC.

Principal Place of Business

2152 14TH CIRCLE N.
ST. PETERSBURG FL 33713
US

Mailing Address

2152 14TH CIRCLE N.
ST. PETERSBURG FL 33713
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1991

3a. Date of Last Report

11/14/1994

4. FEI Number

59-3053750

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

JONES, SHIRLEY J.
4625 E BAY DR
STE 101
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

TUCKER AGUIRRE

82 Street Address (P.O. Box Number Not Acceptable)

2152-14TH CIRCLE N

83

84 City

ST PETERSBURG FL

85 Zip Code

33713

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

Tucker Aguirre

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCAULIFFE, RICHARD
STREET ADDRESS	580 LINLEY STREET
CITY - ST - ZIP	LONGBOAT KEY FL
TITLE	DS
NAME	AGUIRRE, MAVIS
STREET ADDRESS	8824 BAY POINTE DR F-206
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	AGUIRRE, MAVIS
STREET ADDRESS	8824 BAY POINTE DR F-206
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(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:

Tucker Aguirre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/95 813-324-8111