

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:36

DOCUMENT # 316162 (7)
1. Corporation Name
BAY MARINA INC

Principal Place of Business Mailing Address
**854 RIVER PT DR
NAPLES FL 33942** **854 RIVER PT DR
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/26/1967 **01/21/1994**

4. FEI Number Applied For
59-1161357 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 2a. Mailing Address
21 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

**KELTNER, J GREEN
4253 BAY BEACH LANE
FT MYERS BEACH FL 33931**

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 _____
Corporation (Type a printed name of registered agent and their designation) (Date) Registered Agent Signature (Typed after registration) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	KELTNER, J GREEN	2.1 NAME	
3. STREET ADDRESS	4253 BAY BEACH LANE	3.1 STREET ADDRESS	
4. CITY, ST, ZIP	FT MYERS BEACH FL	4.1 CITY, ST, ZIP	
5. TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	KELTNER JR, T B	6.1 NAME	
7. STREET ADDRESS	854 RIVERPOINT DR	7.1 STREET ADDRESS	
8. CITY, ST, ZIP	NAPLES FL	8.1 CITY, ST, ZIP	
9. TITLE	D	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	KELTNER, ELAINE D	10.1 NAME	
11. STREET ADDRESS	4253 BAY BEACH LN.	11.1 STREET ADDRESS	
12. CITY, ST, ZIP	FT MYERS BEACH FL	12.1 CITY, ST, ZIP	
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY, ST, ZIP		16.1 CITY, ST, ZIP	
17. TITLE		17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY, ST, ZIP		20.1 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(a), 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. 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 of Block 13 if changed or on an attachment with an address.

SIGNATURE: *Travis B. Keltner, Jr.* **TRAVIS B. KELTNER, JR** 1-11-95-(813)774-0331
(Type or Print Name) (Date) (Typed Name)