FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K07432

1. Corporation Name BAYSIDE SOD, INC.	
Principal Place of Business % PAUL J. BISPHAM 7850 IBIS AVE SARASOTA FL 34241	Mailing Address % PAUL J. BISPHAM 7850 IBIS AVE SARASOTA FL 34241
2. Principal Place of Business	2a. Mailing Address

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90071 017 ***150.00



	4.00	Mailing Address			1			
Principal Place		% PAUL J. BISPHAM						
6 PAUL J. BISPI	HAM	7850 IBIS AVE			DO NOT WR	TE IN THIS	SPACE	
1850 IBIS AVE	24241	SARASOTA FL 34241					<u> </u>	
SARASOTA FL 3	34241	-			3. Date Incorporated or Qualifed			
					12/16/1987			ad For
		2a. Mailing Address			4. FEI Number			ied For
2. Principal Pla	ace of Business	<u>├</u> -			65-0010006			Applicable
1		Suite, Apt. #, etc.					\$8.75 Ad	
Suite, Apt. #	#, etc.	<u>├</u>			5. Certifcate of Status Desired	<u> </u>	Fee Req	uired
2		27			6. Election Campaign Financing		\$5.00 N	lay Be
City & State	9	City & State			Trust Fund Contribution		Added to	
!3		28	Onunini			rent year int	angible	
Zip Country Zip		Country		8. This corporation owes the current year intangible Personal Property Tax. Yes No				
24	25	293	0		10. Name and Address of New	Registered	Agent	
71	9. Name and Address of Curr	rent Registered Agent		N. and	IV. Maine and Address of Non			
			81	Name				
BISP	PHAM, PAUL J.		82	Street Add	ress (P.O. Box Number is Not Accep	table)		
) IBIS AVE			J., JJ., .Jd.	<u> </u>			
	ASOTA FL 34241		83					
SAR	MOOTH IE OVER					1 2 × 2 × 1 × 1 × 1	85 Zip C	ode
			84	City		FL	_ '	
					poration submits this statement for the con's board of directors. I hereby according to the control of the cont	e nurnose of	changing its	registered
SIGNATURE	Signature, typed or printed name of registered	agont and an		signature requir	ed when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS	AND DIRECTORS	13		ADDITIONS/CHANGES TO S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Additio
TITLE	P	☐ DELETE	1.1 TITLE			•		
NAME	BISPHAM, PAUL J.		1.2 NAME	Ì				
	TACA IDIC CIDEET		1.3 STREET	ADDRESS			•	
STREET ADDRESS	SARASOTA FL.		1.4 CITY-S	r-ZIP			Change	Addition
CITY-ST-ZIP		DELETE	2.1 TITLE				[] Criange	
TITLE	S COULTE CYPIIC C		2.2 NAME	ļ				
NAME	BISPHAM, CYRUS G.		2.3 STREE	ADDRESS				: .
STREET ADDRESS			1	ţ		<u> </u>		
CITY-ST-ZIP	SARASOTA FL	E3 octore	2. 4 CITY-5 3.1 TITLE	11-217			Change	Additi
TITLE		☐ DELETE						
NAME			3.2 NAME					
STREET ADDRESS	s		3.3 STREE	T ADDRESS				
\			3.4, CITY-	ST-ZIP		Y	Change	Addi
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		C ontaingo	۰. ا
			4. 2 NAME	ļ				
NAME			4.3 STREE	TADDRESS				
STREET ADDRES	S		4.4 CTY-5	ST-ZIP				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE				Change	☐ Addi
TITLE		_ 522212	5.2 NAME					
NAME			4	T ADDRESS	•		•	
STREET ADDRES	ss							
CITY-ST-ZIP			5.4 CITY-	51-ZIP			Change	☐ Addi
TITLE		☐ DELETE	6.1 TITLE					
ļ								
	İ		6.2 NAME	\				•
NAME STREET ADDRES			- 6	ET ADDRESS				•

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 of 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, with all other like empowered.

SIGNATURE: