

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **L20980**

(3)

MAY -1 AM 10:15

1. Corporation Name

**BAYSIDE HOLDINGS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>195 E. FAIRFIELD DR. PENSACOLA FL 32503 US</b>	Mailing Address <b>P.O. BOX 940 GULF BREEZE FL 32562-0940 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/06/1989</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FEI Number <b>59-2999093</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>316 South Baylen</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>Box 100</b>	27 Suite, Apt. #, etc.
City & State 23 <b>Pensacola, FL</b>	28 City & State
Zip 24 <b>32501</b>	Country 25 <b>US</b>
29	30

9. Name and Address of Current Registered Agent

**BRANNEN, DAVID A  
195 E FAIRFIELD  
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>316 South Baylen</b>
83	<b>Box 100</b>
84 City	<b>Pensacola</b>
85 Zip Code	<b>FL 32501</b>

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: David A. Brannen **DAVID A. BRANNEN** **4/24/95**  
Signature (Typed or printed name of registered agent and title of agent) (NOTE: Registered Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LEVIN, ALLEN R. 195 E FAIRFIELD PENSACOLA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BRANNEN, DAVID A 195 EAST FAIRFIELD PENSACOLA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>316 South Baylen, Box 100 Pensacola, FL 32501</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>316 South Baylen, Box 100 Pensacola FL 32501</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 110.07(3)(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David A. Brannen **DAVID A. BRANNEN** **4/24/95** **904/434-7700**  
Signature (Typed or printed name of signing officer or director) (Date) (Phone Number)