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FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT
 CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # L20980

(3)

1. Corporation Name
BAYSIDE HOLDINGS, INC.



Principal Place of Business

Mailing Address

316 S BAYLEN
~~BOX 100~~
 PENSACOLA FL 32501
 US

P.O. BOX 040
GULF BREEZE FL 32562-0940
 US

2. Principal Place of Business

21 **401 E Chase St**
 State, Apt. #, etc.
 22 **Suite 105**
 City & State

2a. Mailing Address

23 Zip Country
 24 25

26 State, Apt. #, etc
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified **10/06/1989** 3a. Date of Last Report **04/22/1996**
 4. FEI Number **59-2999093** 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

BRANNEN, DAVID A
~~316 S BAYLEN~~
BOX 100
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) **401 E Chase St**
 83 **Suite 105**
 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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *David A Brannen* **David A Brannen** **3-17-97**
Signature of the person who is to register the corporation (Agent or Director) (NOTE: Registered Agent signature required when registering) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIN, ALLEN R. | 1.2 NAME | |
| STREET ADDRESS | 316 S BAYLEN, BOX 100 | 1.3 STREET ADDRESS | |
| CITY-STATE | PENSACOLA FL | 1.4 CITY-STATE | |
| TITLE | P | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANNEN, DAVID A | 2.2 NAME | |
| STREET ADDRESS | 316 S BAYLEN, BOX 100 | 2.3 STREET ADDRESS | 401 E Chase St. Suite 105 |
| CITY-STATE | PENSACOLA FL | 2.4 CITY-STATE | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-STATE | | 3.4 CITY-STATE | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-STATE | | 4.4 CITY-STATE | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE | | 5.4 CITY-STATE | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE | | 6.4 CITY-STATE | |

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 included 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, changed, or on an attachment with an address.

SIGNATURE: *David A Brannen* **David A Brannen** **3-17-97** **904 434-7700**
Signature and Typed or Printed Name of Signing Officer or Director (Date) (Daytime Phone #)

CP2E034 (9/96)