

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:46

DOCUMENT # **L47921** (6)
1. Corporation Name
BY-PASS PROPERTIES, INC.

Principal Place of Business: **1401 WEST MISSOURI AVE DADE CITY FL 33525**
Mailing Address: **36809 MISSOURI AVE DADE CITY FL 33525 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/01/1990**
3a. Date of Last Report: **01/28/1994**

2. Principal Place of Business: **36809 Missouri Ave**
2a. Mailing Address: **36809 Missouri Ave**

4. FEI Number: **59-2995255**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing: **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

21. City & State: **DADE CITY FL**
22. Suite, Apt. #, etc.: **36809**

23. Zip: **33525**
24. Country: **US**

9. Name and Address of Current Registered Agent:
**COUNIHAN, THOMAS
36809 MISSOURI AVE
DADE CITY FL 33525**

10. Name and Address of New Registered Agent:
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: COUNIHAN, THOMAS
STREET ADDRESS: 36809 MISSOURI AVE
CITY - ST - ZIP: DADE CITY FL

TITLE: STD
NAME: COUNIHAN, NANCY B.
STREET ADDRESS: 36809 MISSOURI AVE
CITY - ST - ZIP: DADE CITY FL

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
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CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Counihan, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **THOMAS COUNIHAN**

1-10-95 904-567-3113