

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business 36809 MISSOURI AVE DADE CITY FL 33523-3268 US	Mailing Address 36809 MISSOURI AVE DADE CITY FL 33523-3266 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>above</i>		2a. Mailing Address 26 <i>above</i>		3. Date Incorporated or Qualified 02/01/1990	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2995255	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COUNIHAN, THOMAS 36809 MISSOURI AVE DADE CITY FL 33523				10. Name and Address of New Registered Agent			
				81 Name <i>Nancy B. Cousihan</i>			
				82 Street Address (P.O. Box Number is Not Acceptable) <i>36809 MISSOURI AVE</i>			
				83 <i>Dade City</i>			
				84 City			
				FL 85 Zip Code <i>33523</i>			

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: *Nancy B. Cousihan Nancy B. Cousihan* DATE: *3-17-98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNIHAN, THOMAS	1.2 NAME	
STREET ADDRESS	36809 MISSOURI AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNIHAN, NANCY B. <i>Pres</i>	2.2 NAME	
STREET ADDRESS	36809 MISSOURI AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL <i>33523-3266</i>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Nicholas Patrick Barasp</i>	3.2 NAME	
STREET ADDRESS	<i>4328 Columbia Pike</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Franklin, TN, 37064</i>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sarah B. Schwartz</i>	4.2 NAME	
STREET ADDRESS	<i>165 S. Camellia Pk.</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Crystal River, FL 34429</i>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Nancy B. Cousihan Nancy B. Cousihan* DATE: *3-17-98*

CR2E034 (10/97)