FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L93588** **(6)**

1. Corporation Name
BAY SERVICES CORPORATION

Principal Place of Business	Mailing Address
615 CYPRESS VILLAGE BLVD. STE. C RUSKIN FL 33573 US	P. O. BOX 5095 SUN CITY CENTER FL 33571-5095 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21): 1202 Butch Cassidy Trl.
2a. Mailing Address (26):

Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):

City & State (23): Wimauma, Fl
City & State (28):

Zip (24): 33598
Country (25): Hillsborough
Zip (29):
Country (30):

4. FEI Number: 65-0216814 ☒ 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

TONGER, RICHARD A.
1202 BUTCH CASSIDY TRAIL
SUITE 1400
WIMAUMA FL 33598

10. Name and Address of New Registered Agent

61 Name:
62 Street Address (P.O. Box Number is Not Acceptable): 1202 Butch Cassidy Trail
63:
64 City: Wimauma FL 65 Zip Code: 33598

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 _____ DATE _____
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	TONGER, RICHARD A.	12 NAME	
STREET ADDRESS	1202 BUTH CASSIDY TRAIL	13 STREET ADDRESS	
CITY ST ZIP	WIMAUMA FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CRISWELL, JANET E.	22 NAME	
STREET ADDRESS	1106 OXBOW ROAD	23 STREET ADDRESS	
CITY ST ZIP	WIMAUMA FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	TONGER, PATRICIA E.	32 NAME	
STREET ADDRESS	1202 BUTCH CASSIDY TRAIL	33 STREET ADDRESS	
CITY ST ZIP	WIMAUMA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patricia E Tonger PATRICIA E TONGER 4/27/95 813-634-9672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0441701 FP