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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L93588

(6)

**BAY SERVICES CORPORATION** 

**FILED** Apr 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1202 BUTCH CASSIOY TRL P. O. BOX 5095 WIMAUMA FL 33598 SUN CITY CENTER FL 33571-5095 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1990 2. Principal Place of Business Mailing Address Sand FEI Number Applied For 21 1202 Butch Cassidy Trail Not Applicable 65-0216814 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country This corporation owes or has paid the current year Intangible Market tel 24 25 Personal Property Tax due June 30. XX Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TONGER, RICHARD A. 1202 BUTCH CASSIDY TRAIL WIMAUMA FL 33598 Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of bith, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and occasion of the corporation of the corpo SIGNATURE OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PDELETE TITLE 1.1 TITLE Change P NAME TONGER, RICHARD A. 1.2 NAME 1202 BUTH CASSIDY TRAIL STREET ADDRESS 1.3 STREET ADDRESS Wimauma FL 33598 WIMAUMA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE TONGER, PATRICIA E. NAME 2.2 NAME STREET ADDRESS 1202 BUTCH CASSIDY TRAIL 2.3 STREET ADORESS CITY-ST-ZIP WIMAUMA FL 2. 4 CITY-ST-ZIP FL 33598 <u>Wimauma</u> DELETE 3.1 TITLE - Criange Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE Rogers , Rhouda n NAME 4. 2 NAME 4003 5209 DLW STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 MO rection 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 or an algorithm with an address. Joseph E Rogers

SIGNATURE: Y

Richard A. Tonger

813-633-0291

CR2E034 (10/97