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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **L95235** **(2)**

1. Corporate Name

BAYFRONT MARKETPLACE, INC.

Principal Place of Business
2150 GOODLETTE RD
SUITE 700
NAPLES FL 33940

Mailing Address
2150 GOODLETTE RD
SUITE 700
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1990
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business
21
Suite, Apt. #
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0220729
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 § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STONEBURNER, KEVIN L.
2150 GOODLETTE ROAD
SUITE 700
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Acknowledgment: Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
NAME STONEBURNER, KEVIN
2150 GOODLETTE RD., #700
NAPLES FL

D
NAME LOFGREN, DARLENE S
2750 GORDON DR
NAPLES FL

13. ADDITIONAL OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information contained herein, including any information contained in the annual report, is accurate and that my signature shall be considered a verification of this report for purposes of Section 817.155, Florida Statutes, and that my signature shall be considered a verification of the report for purposes of Section 92.525(2), Florida Statutes, and that my name appears in Block 12 or Block 13 above with an asterisk.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0328870 CP