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 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000063095 (1)**

1. Corporation Name
BAYVIEW MARKETING GROUP, INC.

Principal Place of Business	Mailing Address
485 4TH AVENUE SOUTH SAFETY HARBOR FL 34695	485 4TH AVENUE SOUTH SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report: NA

2. Principal Place of Business — 21: 22153 U.S. 19, North
2a. Mailing Address — 26: P.O. Box 27275
4. FEI Number: 59-3262963 ☐ Applied For ☐ Not Applicable
22: Suite, Apt. #, etc
27: Suite, Apt. #, etc
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23: City & State: CLEARWATER, FL
28: City & State: TAMPA, FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24: Zip: 34625 — 25: Country
29: Zip: 33623-7275 — 30: Country
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOEN, ROBERT C
485 4TH AVENUE SOUTH
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name: GOEN, ROBERT C
82 Street Address (P.O. Box Number is Not Acceptable): 12008 MARBLEHEAD DRIVE
83:
84 City: TAMPA FL — 85 Zip Code: 33626

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: Robert C Goen — Robert C Goen — 3-22-95
(Signature of, and printed name of, registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVTD	11 TITLE		☑ Change ☐ Addition
NAME	GOEN, ROBERT C	12 NAME		
STREET ADDRESS	485 4TH AVENUE SOUTH	13 STREET ADDRESS	12008 MARBLEHEAD DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	14 CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	S	21 TITLE		☑ Change ☐ Addition
NAME	ANDERSON, MARIA E	22 NAME		
STREET ADDRESS	485 4TH AVENUE SOUTH	23 STREET ADDRESS	12008 MARBLEHEAD DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	24 CITY-ST-ZIP	TAMPA, FL 33626	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		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: Robert C Goen — Robert C. Goen — 3.22.95 — 813-726-5256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340261 CP