

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S06651** (1)

1. Corporation Name

BAYHEAD LAKEMARY SERVICES INC.

Principal Place of Business

**3521 FORSYTH RD
WINTER PARK FL 32792**

Mailing Address

**3521 FORSYTH RD
WINTER PARK FL 32792**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**ADKINS, B.L.
3521 FORSYTH RD
WINTER PARK FL 32792**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/01/1990

3a. Date of Last Report

06/16/1995

4. FEI Number

59-3031989

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

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. Pursuant to the provisions of Sections 607.07(2) and 607.1504, Florida Statutes, the above named corporation certifies 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.07(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **D ADKINS, B.L.**
STREET ADDRESS **3521 FORSYTH RD**
CITY-ST-ZIP **WINTER PARK FL**

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

3-28-96

47-678-2201

CR2E034 (12/95)