# 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 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V07054** **(2)**

1. Corporation Name
**BAY AREA FENCE FACTORY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 735 DEL ORA DRIVE<br>SAFETY HARBOR FL 34695 | 735 DEL ORA DRIVE<br>SAFETY HARBOR FL 34695 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/15/1992**
3a. Date of Last Report: **04/26/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 925 Harbor Lake Ct | 26 925 Harborlake Ct |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Safety Harbor, Fl. | 28 City & State: Safety Harbor, Fl |
| 24 Zip: 34695 25 Country: USA | 29 Zip: 34695 30 Country: USA |

4. FEI Number: **59-3104466** ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| HUDSON, MARC AND DIANE<br>735 DEL ORO DRIVE<br>SAFETY HARBOR FL 34695 | 81 Name: Hudson, Marc & Diane<br>82 Street Address (P.O. Box Number is Not Acceptable): 925 Harborlake Ct<br>83<br>84 City: Safety Harbor FL 85 Zip Code: 34695 |

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: Marc Hudson — 2/3/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailing) Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HUDSON, MARC | 12 NAME | |
| STREET ADDRESS | 735 DELORO DRIVE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | 14 CITY-ST-ZIP | |
| TITLE | SD | 21 TITLE | SD, TD ☑ Change ☐ Addition |
| NAME | HUDSON, DIANE | 22 NAME | Hudson, Diane |
| STREET ADDRESS | 735 DELORO DRIVE | 23 STREET ADDRESS | 735 DelOro Dr. |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | 24 CITY-ST-ZIP | Safety Harbor, Fl. 34695 |
| TITLE | VD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | SIMPSON, STEVE | 32 NAME | |
| STREET ADDRESS | 735 DELORO DRIVE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL | 34 CITY-ST-ZIP | |
| TITLE | TD | 41 TITLE | ☑ Change ☐ Addition |
| NAME | ABEL, TERRY | 42 NAME | No Longer |
| STREET ADDRESS | 1066 3RD STREET, NORTH | 43 STREET ADDRESS | OFFICER |
| CITY-ST-ZIP | SAFETY HARBOR FL | 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:** Diane Hudson — 2/3/95 — 813 726 7554
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0344200 CP