

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **171589** (5)

1. Corporation Name  
**BAY ACRES INC**



Principal Place of Business Mailing Address  
**27 SOUTH ORANGE AVENUE** **27 SOUTH ORANGE AVENUE**  
**SARASOTA FL 34236** **SARASOTA FL 34236**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/19/1952</b>		3a. Date of Last Report <b>03/20/1995</b>	
21		26		4. FEI Number <b>59-0711258</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

**WILSON, CLYDE H.**  
**27 SOUTH ORANGE AVE**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name  
**WILSON, JR. CLYDE H.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**27 South Orange Ave.**  
83  
84 City  
**Sarasota** FL 85 Zip Code  
**34236**

11. Pursuant to the provisions of sections 607.0802 and 607.1503, 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 607.1503, Florida Statutes.

SIGNATURE *[Signature]* **CLYDE H. WILSON, JR., President** 4-24-96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, PAULA C</b>	1.2 NAME	<b>INGRAM, PAULA W.</b>
STREET ADDRESS	<b>3250 OLD OAK DR</b>	1.3 STREET ADDRESS	<b>3117 Claiborne Cr.</b>
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Monroe, LA 71201</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, CLYDE H JR</b>	2.2 NAME	
STREET ADDRESS	<b>27 S ORANGE AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: *[Signature]* **CLYDE H. WILSON, JR.** 4-24-96 941/955-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)