FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 171589

(5)

BAY ACRES INC

Principal Place of Business Mailing Address	Princinal Place of Business Mailing Address	97 SOUTH ORANGE AVENUE	27 SOITH ORANGE AVENUE	
		Principal Place of Rusiness	Mailing Address	

FILED Apr 23 1997 8:00am Secretary of State



										
Principal Place of Business Mailing Address					1 40010) 91011 14001 31087 WILES 18119 1011	#1#17 B1B11 B1B1	AIRN GIĞII	#1611 1 75 1		
27 SOUTH OR/ SARASOTA FL		27 SOUTH ORANGE AVE SARASOTA FL 34236-582								
						3. Date incorporated or Qualified 12/19/1952	3a. Date 04/29		Report	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For			
21		26	26			59-0711258	258 Not Applic			
Suite, Apt. #, etc. Suile, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional			
22		27				Fee Required				
City & Stat	e	City & State	City & State			Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coul	ntry		8. This corporation has liability for			s. 199.032,	
24	25 9. Name and Address of Curre	29	30			Florida Statutes 5	Yes			
Sam d		in negistered Agent		81	Vame	10. Name and Address of New Re	Bigraiad Võ	o nt		
	SON, JR. C		Į							
	SOUTH ORANGE AVE		-	82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
OAN	ASOTA FL 34236		}	вз -						
			Ì						j	
				84 (City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	ites, the ab	ove-r	named corr	poration submits this statement for the r		nanoing i	its registered	
office or r agent. I a	registered agent, or both, in the Stat im familiar with, and accept the oble	e of Florida. Such change was gations of, Section 607.0505, F	authorized Iorida Stati	l by thutes.	e corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	ot the appoir	itment as	registered	
SIGNATURE	Signiture, typod or printed name of registored a	age and the depoles to	NY Transfer	(Amont	stance no social	red when reinstating)	DATE			
12.		ND DIRECTORS	13.	ngo I.	signatore regul	ADDITIONS/CHANGES TO OFFIC		IRECTO	RS IN 12	
TITLE	STD	DELETE	1.1 117	LE	T	7,007,701,007,11,102,010,011,10		Change	Addition	
NAME	INGRAM, PAULA W.		1,2 NA	ME						
STREET ADDRESS	3117 CLAIBORNE CR		1.3 ST	REET AD	DRESS					
CITY-ST-ZIP	MONROE LA		1	Y-\$1-	1				ľ	
TITLE	PD	DELETE	2 1 TIT					Change	☐ Addition	
NAME	WILSON, CLYDE H JR		2.2 NA	ME.						
STREET ADDRESS	27 S ORANGE AVE		2.3 ST	REET AD	DRESS				1	
CITY-ST-ZIP	SARASOTA, FL 00000		2. 4 CI	1Y-S1-	ZIP					
TITLE		DELETE	3.1 111	Lŧ				Change	Addition	
NAME			3.2 NA	,ME						
STREET ADDRESS			3.3 \$1	REET AD	DRESS					
CITY-ST-ZIP			3.4. CI	TY-\$1-	7IP					
TITLE		☐ DELETE	4.1 TIT	ιĒ				Change	Addition	
NAME			4. 2 N/	AME						
STREET ADDRESS	}		4.3 ST	HEET AC	IDRESS					
CITY-ST-ZIP				Y-ST-	70P			.		
TITLE		DELETE	5.1 111	LE				Change	Addition	
NAME	1		5.2 NA	ME	Ì				Ì	
STREET ADDRESS			5.3 ST	REET AD	DRESS					
CITY-ST-ZIP			5.4 CIT	IY-\$1-2	ZIP					
TITLE		DELETE	6.1 TIT	LΕ				Change	Addition	
NAME			6.2 NA	ME					[
STREET ADDRESS			6.3 ST	REFT AD	ORESS					
CITY-ST-ZIP			6.4 CI	Y-S1-	ZIP					

14. I do hereby certify that the information supplied with this filing 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 supplimental actual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director in the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in charged, common autochment with an address LYDE H. WILSON, JR. 4–18–97 941/955–5800