## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000053865 (7)



97 OCT 17 PM 3: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

BAY N	MAINTENANCE, INC.			·
Principal Pla	ice of Business	Mailing Address		I PBEKARDA DAR TOTTER BEKAR DBALLI BOLLIT BOLTA BEKAR BALLAR PILIKA POLING DALAH BILIKA BALLAR BALLAR BILIKA BALLAR
1		2123 DARLINGTON OAI	K DRIVE	
SEFFNER FL 33584 SEFFNER FL 33584			K OIIIIC	
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 3a. Date of Last Report
2 Principal	Place of Business	2a. Mailing Address		06/24/1996 4. FEL Number and Group Of Applied Fo
21	riace of Business	26		59-3367533 Part, Applied Fo
Suite, Apt	t. #. etc.	Suite, Apt #, etc.		- \$8.75 Additions
22		[27]		5. Certificate of Status Desired Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	] <b>Ζ</b> ίρ	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curr	[29]	30	Personal Property Tax due June 30. Yes You No  10. Name and Address of New Registered Agent
0		ient negisteren Agent	81 Name	ID. Name and Address of New Registered Agent
	anders, walter 3910 North Dale Mabry Hw	.rv		
	UITE ONE	11.	82 Street Add	dress (P.O. Box Number is Not Acceptable)
	AMPA FL		83	
, ,,	runi ra i E			
			84 City	FL 85 Zip Code
11. Pursuan	to the provisions of Sections 607.0	0502 and 607.1508. Florida Statu	ites, the above-named cor	
office or	registered agent, or both, in the Sta	ate of Florida, Such change was	authorized by the corpora	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as register
		nganara or, accion oct.oso, r	iona gialates.	
SIGNATURE	Signature, typod or printed name of registrand	agost and title if applicable (NO	Tf : Firg stored Agent signature requ	uired where reinstaling) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 1 TULE	☐ Change ☐ Ado
NAME	SINGLETARY, LLOYD		1,2 NAME	
STREET ADDRESS		PRIVE	1,3 STREET ADDRESS	Name Marks arrows Market arrows Market Marke
CITY-ST-ZIP	SEFFNER FL 33584		1.4 CITY - \$1 - ZIP	500002325375\ -10/21/970@89 <sub>@</sub> -02244
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CHY-ST-ZIP	SEFFNER FL 33584	District	2. 4 CITY - S1 - ZIP	Change
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14. Ido 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

March Mely Worth 1 L. Williams

9.10.07

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