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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 579931

BAYPORT-HUNT CORPORATION

DATI OII	THOM COM CHANCA								
Principal Place	e of Business	Mailing Address					11611 91811 BIEIL	B1817 81811 7887	
5100 87TH STREET E. BRADENTON FL 34202		5100 87TH STREET E. Bradenton Fl. 34202				DO NOT WRITE IN THIS	SSPACE		
US		US	US			3. Date Incorporated or Qualified			
						07/24/1978			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A:	pplied For	1
2. Principal Place of Business 2a. Mailing Address 2b.						59-1841063	<u> </u>	ot Applicable	1
	Suite, Apt. #, etc.						\$8.75	Additional	1—
22 27						5. Certifcate of Status Desired	Fee R	equired]
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	{
23	28					Trust Fund Contribution	Added	to Fees	-
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year In		F71	
24	25		30	•		Personal Property Tax.	Yes	□No	-
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	Agent	· ·	┨
HOG	SAN, PATRICK.			ו"ו	Name				
	87TH STREET E.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	DENTON FL 34202			83					1
DITA	DENTION TE OTENE			65					╛
				84	City	FL	85 Zip	Code	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN	tions of, Section 607.0505, Floi t and title if applicable. (NOTE: D DIRECTORS	nda Stati	utes.		when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	1,08)
TITLE	PD	☐ DELETE	1.1 TT	TLE			☐ Change	□ Addition	₹
NAME	HUNT, R A		1.2 N		-				8
-STREET ADDRESS	I		1.3 ST	REET A	DORESS				١
CITY-ST-ZIP	BRADENTON FL 34202		_	TY-ST-Z	ZIP	- Cap-	☐ Change	Addition	1 8
TITLE	VST	☐ DELETE	2.1 TI						'
NAME	HOGAN, PATRICK		2.2 N/						
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NAME			4. 2 N			·			
STREET ADDRESS					DORESS				
CITY-ST-ZIP	1			TY-ST-Z	1				
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CITY-ST-ZIP			5.4 CI	TY-ST-2	ZIP				
TITLÉ		☐ DELETE	6.1 TI	πE			Change	☐ Addition	
NAME			6.2 N	AME					
ATRETT 1000000			6.3 S	TREET A	DDRESS				1

14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

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CITY-ST-ZIP

FILED Apr 26, 1999 8:00 am Secretary of State

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