CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # BAY-CON INDUSTRIES, INC. Principal Place of Business Mailing Address 2837 21ST AVENUE NORTH 2837 21ST AVENUE NORTH ST PETERSBURG FL 33713 ST PETERSBURG FL 33713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1927 2. Principal Place of Business 2a. Mading Address 4. FEI Number Applied For 59-1057350 Not Applicable 21 26 Sulte, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATERI, LIZ 2837 21ST AVENUE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33713 83 **B4** City Zip Code 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 Signature, typed or photed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE T\$ 1.1 TITLE PATERI, LIZ NAME 1.2 NAME 2837 21ST AVENUE NORTH STREET ADDRESS 1.3 STREET ADDRESS **ST PETERSBURG FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE EVANS, ROBERT W. NAME 2.2 NAME 2837 21ST AVENUE NORTH STREET ADDRESS 23 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 THILE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CHTY- ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(TY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS**

6.4 CITY-ST-ZIP 14. Thereby 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 suppliemental 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 Instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if thanges, or on an attriction of the corporation of the corporation of the receiver or Instead of the corporation of

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS Change

Addition

DELETE