

**CORPORATION
ANNUAL REPORT
1995**

Florida Department of State
Jeffrey B. Bowers
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 28 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 174188 (3)
1. Corporation Name
BAYRIDGE CORPORATION

Principal Place of Business Mailing Address
101 W. PIPPEN DR. ISLAMORADA FL 33036-3113

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/24/1953** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-0965810** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**KOHLHOFER, JOHN
117 GUMBO LIMBO RD
ISLAMORADA FL 33036**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	REWIS, ROGER
STREET ADDRESS	101 GUMBO LIMBO RD
CITY - ST - ZIP	ISLAMORADA FL
TITLE	PD
NAME	PORTER, VICTOR
STREET ADDRESS	104 WILLOW LN.
CITY - ST - ZIP	ISLAMORADA FL
TITLE	D
NAME	BALL, DENNIS
STREET ADDRESS	128 GUMBO LIMBO RD.
CITY - ST - ZIP	ISLAMORADA FL
TITLE	TD
NAME	MAYES, VIRGINIA
STREET ADDRESS	128 W. PIPPEN DR.
CITY - ST - ZIP	ISLAMORADA FL
TITLE	SD
NAME	KOHLHOFER, JOHN
STREET ADDRESS	117 GUMBO LIMBO RD
CITY - ST - ZIP	ISLAMORADA FL
TITLE	D
NAME	PEDERSEN, ERNST
STREET ADDRESS	121 W PIPPIN DR
CITY - ST - ZIP	ISLAMORADA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(a), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia Mayes* Date: *April 20, 1995* (305) 852-4580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR