

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **174188** (3)

1. Corporation Name  
**BAYRIDGE CORPORATION**



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

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

3. Date Incorporated or Qualified: **06/24/1953** 3a. Date of Last Report: **04/28/1995**  
4. FID 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registering a joint 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>REWIS, ROGER</b>		2. NAME	
STREET ADDRESS: <b>101 GUMBO LIMBO RD</b>		3. STREET ADDRESS	
CITY, ST, ZIP: <b>ISLAMORADA FL</b>		4. CITY, ST, ZIP	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PORTER, VICTOR</b>		2.2 NAME	
STREET ADDRESS: <b>104 WILLOW LN.</b>		2.3 STREET ADDRESS	
CITY, ST, ZIP: <b>ISLAMORADA FL</b>		2.4 CITY, ST, ZIP	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BALL, DENNIS</b>		3.2 NAME	
STREET ADDRESS: <b>126 GUMBO LIMBO RD.</b>		3.3 STREET ADDRESS	
CITY, ST, ZIP: <b>ISLAMORADA FL</b>		3.4 CITY, ST, ZIP	
TITLE: <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MAYES, VIRGINIA</b>		4.2 NAME	
STREET ADDRESS: <b>126 W. PIPPEN DR.</b>		4.3 STREET ADDRESS	
CITY, ST, ZIP: <b>ISLAMORADA FL</b>		4.4 CITY, ST, ZIP	
TITLE: <b>SD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KOHLHOFER, JOHN</b>		5.2 NAME	
STREET ADDRESS: <b>117 GUMBO LIMBO RD</b>		5.3 STREET ADDRESS	
CITY, ST, ZIP: <b>ISLAMORADA FL</b>		5.4 CITY, ST, ZIP	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PEDERSEN, ERNST</b>		6.2 NAME	
STREET ADDRESS: <b>121 W PIPPIN DR</b>		6.3 STREET ADDRESS	
CITY, ST, ZIP: <b>ISLAMORADA FL</b>		6.4 CITY, ST, ZIP	

14. I am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 affidavit.

SIGNATURE: *Virginia A. Mayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)