

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**  
 09-13-1999 90001 004 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 174188  
 Corporation Name

BAYRIDGE CORPORATION



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

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/24/1953</b>  |  |
| 4. FEI Number<br><b>59-0965810</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |                        |  |                 |
|---|------------------------|--|-----------------|
| 9. Name and Address of Current Registered Agent<br><b>RUSSELL, JANET<br/>125 GUMBO LIMBO ROAD<br/>ISLAMORADA FL 33036</b> |                        | 10. Name and Address of New Registered Agent |                 |
| 81 Name   | <b>John Kohlhofer</b>  |  |                 |
| 82 Street Address (P.O. Box Number is Not Acceptable)   | <b>117 Gumbo Limbo</b> |  |                 |
| 83  |                        |  |                 |
| 84 City   | <b>Islamorada</b>      | 85 Zip Code                                  | <b>FL 33036</b> |

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: *John Kohlhofer* DATE: **9/4/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| OFFICERS AND DIRECTORS   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|---------------------------------|--|--|
| VD<br>RUSSELL, JANET<br>125 GUMBO LIMBO ROAD<br>ISLAMORADA FL 33036    | <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>VD Kohlhofer, John<br/>117 Gumbo Limbo<br/>Islamorada, FL 33036</b> |
| PD<br>VIE, BERRY<br>130 W. PIPPIN DRIVE<br>ISLAMORADA FL 33036         | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| D<br>BALL, DENNIS<br>126 GUMBO LIMBO RD.<br>ISLAMORADA FL              | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TD<br>SCHIMMELMAN, VALERIE<br>101 W. PIPPIN DR.<br>ISLAMORADA FL       | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| SD<br>DIPALOL, FRANCINE<br>126 GUMBO LIMBO ROAD<br>ISLAMORADA FL 33036 | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| D<br>O'CATHY, JERRY<br>109 GUMBO LIMBO ROAD<br>ISLAMORADA FL 33036     | <input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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.

SIGNATURE: *John Kohlhofer* DATE: **9/4/99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)