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Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 316162

(7)

1. Corporation Name

BAY MARINA INC

Principal Place of Business

854 RIVER PT DR  
NAPLES FL 33942

Mailing Address

854 RIVER PT DR  
NAPLES FL 34102-3431



3. Date Incorporated or Qualified

04/26/1967

3a. Date of Last Report

03/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KELTNER, J GREEN  
4253 BAY BEACH LANE  
FT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name

Same as block #9

82 Street Address (P.O. Box Number is Not Acceptable)

15048 Tamariad Cay Court Unit #6

83

84 City

Ft. Myers,

FL

85

Zip Code

33908

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 printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME KELTNER, J GREEN  
STREET ADDRESS 4253 BAY BEACH LANE  
CITY - ST - ZIP FT MYERS BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VP  
NAME KELTNER JR, T B  
STREET ADDRESS 854 RIVERPOINT DR  
CITY - ST - ZIP NAPLES FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE D  
NAME KELTNER, ELAINE D  
STREET ADDRESS 4253 BAY BEACH LN.  
CITY - ST - ZIP FT MYERS BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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: *Travis B. Keltner, Jr.* TRAVIS B. KELTNER, JR. - 1-10-97 - (941) 774-0331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)