

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 339543 (1)

1. Corporation Name  
BAY PLASTERING CO INC

Principal Place of Business

1712 LEMON ST  
TAMPA FL 33606

Mailing Address

1712 LEMON ST  
TAMPA FL 33606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1968	
21		26		4. FEI Number 59-1260896	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BYRD, JULIAN H 2511 SUNSET DR TAMPA FL 33609				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BYRD, JULIAN H		1.2 NAME				
STREET ADDRESS	2511 SUNSET DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BYRD, ANNLYNN		2.2 NAME				
STREET ADDRESS	2511 SUNSET DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STANTON, JOHN E.		3.2 NAME				
STREET ADDRESS	1413 E. 108TH STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PELHAM, JAMES W. III		4.2 NAME				
STREET ADDRESS	109 SOUTH BLVD.		4.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KOCHES, DEBORAH L.		5.2 NAME				
STREET ADDRESS	1712 LEMON STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BYRD, ROBERT H		6.2 NAME				
STREET ADDRESS	3114 S JULIA CR		6.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP				

14. 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

Deborah L. Koches 4/28/98 (813) 251-8471

CR2E034 (10/97)