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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

400993 **DOCUMENT #** 

BAY TITLE SERVICES, INC.

Principal Place of Business

1405 CAPE CORAL PARKWAY P.O.BOX 1329 CAPE CORAL FL 33904

Mailing Address

1405 CAPE CORAL PARKWAY P.O.BOX 1329 CAPE CORAL FL 33904

	ace of Business 2 Del Vado BlW	2a. Mailing Address 26 4732 Sul	Predo BI	4. FEI Number 59-1395799	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip   <b>4</b>	Country 25	Zip <b>29</b>	Gountry 30	8. This corporation has liability for intangible to Florida Statutes   ☑ Yes ☐ No	x under s 199.032,
Name and Address of Current Registered Agent				<ol> <li>Name and Address of New Registered</li> </ol>	Agent
PARKER, MARDIS 1405 CAPE CORAL PARKWAY CAPE CORAL FL 33904				ame treet Address (P.O. Box Number is Not Acceptable)	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co-poration 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

12.	OFFICERS AND DIRE		TE: Bugistered Agent signature re-		DDITIONS/CHANGE	S 10 OFFICER	S AND DIRECTO	RS IN 12
THLE	PD	□ DELETE	1. 1 YULF		· · · · · · · · · · · · · · · · · ·		🔀 Change	Addition
NAME	PARKER, MARDIS		1.2 NAME					
STREET ADDRESS	1405 CAPE CORAL WAY		1.3 STREET ADORESS	4772	Del Predo	Blud		
CHY-ST-ZiP	CAPE CORAL FL		1.4 City - \$1 - 7iF					
TITLE		☐ DELETE	2 1 TITLE				☐ Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
C11Y-S1-ZIP			2 4 CITY - S1 - ZIF					
TITLE		DELETE	3 1 TrillE				☐ Change	Addition
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3 4 CITY - S1 - ZIP					
TITLE		DELETE	4 1 TITLE				☐ Change	Addition
NAME			4.2 NAME					
STREFT ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIF					
TITLE		DELETE	5 1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-St-ZIP			5.4 CITY - S1 - ZIP					
TITLE		DELETE	6 1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRÉSS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - S1 - 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 119.07(3)(k), Florida Statutes. Hurther 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 cath; 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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRI

3-25-96 941-542-4145

03/27/1995

Zip Code

3. Date Incorporated or Qualified 3a. Date of Last Report

05/11/1972