

SECOND 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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **412163**

1. Corporation Name

BAY AREA BUILDERS, INC.

Principal Place of Business

**2430 WEST BAY DRIVE
LARGO FL 34640-1933**

Mailing Address

**2430 WEST BAY DRIVE
LARGO FL 34640-1933**

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90021 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1972

4. FEI Number

59-1425461

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERSON, THOMAS L
2430 WEST BAY DRIVE
LARGO FL 33540**

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 **PD** ☐ DELETE

NAME **PETERSON, THOMAS L**
STREET ADDRESS **2430 WEST BAY DRIVE**
CITY-ST-ZIP **LARGO, FL 00000**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE

NAME ~~**CARTER, CLARENCE**~~
STREET ADDRESS **414 TURNER STREET**
CITY-ST-ZIP **CLEARWATER FL 33756**

misspelled

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Clarence Center

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CLARENCE E CENTER
ACCOUNTANT**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to in Block 12 or Block 13 if changed, or even attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-99

Date

727.447.3828

Daytime Phone #

CR2E034 (5/99)

0123507