

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

APPROVED AND FILED

27 MAY -1 PM 2:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Janice B. Mohr
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 471586

(8)

BAYSHORE UTILITIES, INC.

Principal Place of Business	Mailing Address
2259 CLUBHOUSE RD N FT. MYERS FL 33917	2259 CLUBHOUSE RD N FT. MYERS FL 33917

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

3. Date of Incorporation or Qualification	3a. Date of Last Report
03/10/1975	05/01/1994
4. FEI Number	Applied For / Not Applicable
NOT APPLICABLE	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing / Trust Fund Contributions	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 193(3) Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**WAMPLER, WAYNE C. & DONNA E.
14965 KIMBERLY LN
FT. MYERS FL 33908**

10. Name and Address of New Registered Agent

81. Name
82. Street Address / P.O. Box Number (Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 193, 194, and 195, Florida Statutes, the above named corporation submits the 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, or duly appointed agent, or registered agent, and complies with the provisions of Sections 193, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDRESSES CHANGED TO OFFICERS AND DIRECTORS	
NAME	P WAMPLER, WAYNE C. 14965 KIMBERLY LN FT. MYERS FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	ST WAMPLER, DONNA B. 14965 KIMBERLY LN FT. MYERS FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
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NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct and complete for the purposes stated in Section 193(3)(b), Florida Statutes. I further certify that the above information is true, correct and complete for the purposes of the annual report or supplemental annual report to the state and that my signature shall have the same legal effect as if I had signed the same in person. I do not intend to change my address with an affidavit.

SIGNATURE: *Donna B. Wampler* Donna B. Wampler 4/30/95

813-482-4024