PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90140 008 ***150.00

	DOC	JMENT	#	4851	1	4
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1. Corporation Name

BAY AUTOMOTIVE AND MACHINE, INC.

		<u></u>	·								
Principal Place of Business 36 W DEARBORN ST ENGLEWOOD FL 34223		Mailing Address 31 COCONUT AVE ENGLEWOOD FL 34223					00405				
US		US					3. Date Incorporated or Qualifect 09/26/1975		SPACE		
	ace of Business	2a. Mailing Address					4. FEI Number				ed For
21 2757 Suite, Apt. 1	WORTH AVE #, etc.	26 2757 WORTH Suite, Apt. #, etc.	AVE		٠,٠.٠		59-1626272 5. Certificate of Status Desired		•	5 Add	•
City & State		City & State				i	6. Election Campaign Financing			Requi	——
23 ENGLE		ENGLEWOOD,	FLORI	ĐΑ	 		Trust Fund Contribution 8. This corporation owes the cur	ront year Into	Add	led to F	
24 34224	25 USA	29 34224		ISA	L		Personal Property Tax.		Yes	<u> </u>]No
· <u>-</u>	9. Name and Address of Current	Registered Agent		81	Nam	ne	10. Name and Address of New	Registereu /	Agent		
	le, robert r Oconut ave		Ĺ	82			ss (P.O. Box Number is Not Accep	table)			
ENG	LEWOOD FL 34295-8257		ļ	63							
			ſ	84	City			FL	85 2	Zip Cod	ie et
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State α π familiar with, and accept the obligati	of Florida. Such change was a	authorized	DV I	the co	ed corpor rporation	ration submits this statement for the i's board of directors. I hereby acce	purpose of	changing itment a	j its reg s regis:	gistered tered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTI	E: Registered /	Agent	it signatu	re required v	when reinstating)	DATE			
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.				ADDITIONS/CHANGES TO O	FFICERS AN			
TITLE	V	☐ DELETE	1.1 7/11	LΕ					Char	ıge	☐ Addition
NAME	MALLE, PATRICIA L		1.2 NA	ME							}
STREET ADDRESS	31 COCONUT AVE ENGLEWOOD FL 34223				ADDRES	ss					
CITY-\$T-ZIP	PD	☐ DELETE	1.4 CIT 2.1 TIT		ZIF	+-	<u> </u>	, , , , , , , , , , , , , , , , , ,	Char	nge	Addition
NAME	MALLE, ROBERT R		2.2 NAJ						_	•	_
STREET ADDRESS	31 COCONUT AVE		2.3 STF	REET	ADDRES	ss	•				
CITY-ST-ZIP	ENGLEWOOD FL 34223		2. 4 CI		T- ZIP	_			Char		☐ Addition
TITLE		☐ DELETE	3.1 TITI						☐ Char	ige	L Addition
NAME STREET ADDRESS			3.2 NAJ 3.3 STF		ADDRE:	ss					ļ
CITY-ST-ZIP			3.4. CIT								
TITLE		☐ DELETE	4.1 TIT						☐ Char	nge	Addition
NAME			4. 2 NA	AME							
STREET ADDRESS			1		ADDRES	ss					1
CITY-ST-ZIP		Cociete	4.4 C/T		r-ziP	 	····		□ Char		Addition
TITLE		☐ DELETE	5.1 TIT						☐ Char	រពិត	[] Mudition
NAME PERTADDRESS			1		ADDRE:	ss					
STREET ADDRESS			5.4 CIT								ĺ
CITY-ST-ZIP		☐ DELETE	6.1 TITI			 		· · · · · · · · · · · · · · · · · · ·	☐ Char	nge	☐ Addition
NAME			6.2 NA	ME							i
CTOPET ADDRESS			6.3 STF	REET	ADDRES	ss					

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

941-474-4132