Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90017 044 \*\*\*550.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 502194

1. Corporation Name

NAME

STREET ADDRESS

## INTERBAY PROPERTY AND CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address				•			01011 01011 01011 01011	#11 #1#11 1##1
9931 PINE LAKE TRAIL 9931 PINE LAKE TRAIL								
ST PETERSBURG FL 33708		ST PETERSBURG FL 33708	ST PETERSBURG FL 33/08		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						04/29/1976		·
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1 1	plied For
21		26				59-1686264		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Red	
22		City & State				<del></del>		•
City & State	e	<b>⊢</b> ′				6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
23   Zip	Country	<b>28</b>	Cou	intry		8. This corporation owes the current ye		
24	25	· _	30	•		Personal Property Tax.		<b>≨</b> ]No
	9. Name and Address of Current	·				10. Name and Address of New Regis	tered Agent	
				81	Name			
VANKESTEREN, HENRY				82 Street Address (P.O. Box Number is Not Acceptable)				
	PINE LAKE TRAIL							
SIP	ETERSBURG FL 33708			83				
				84	City		85 Zip C	ode
							FL   by E	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the a thorized	bove i by t	-named corp the corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as rec	registered gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Stat	utes.		,		
SIGNATURE		ALOTE 6				d when reinstating) Di	ATE	
12.	Signature, typed or printed name of registered agen OFFICERS AN		13,	Agent	t signature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	TD	DELETE	1.1 T	TLE	.	7,000,100,010,010	Change	☐ Addition
NAME	CAMPBELL, SUE		1.2 N	AME				
STREET ADDRESS	9931 PINE LAKE TRAIL		1.3 51	TREET	ADDRESS			
CITY-ST-ZIP	ST PETE, FL 00000	a de la companya de		TY-ST	ļ .			
TITLE			2.1 T	2.1 TITLE			☐ Change	☐ Addition
NAME	VAN KESTEREN, HENRY		2.2 N	AME				
STREET ADDRESS	#1 BCH DR		2.3 5	REET	ADORESS			
CITY-ST-ZIP	ST PETE, FL 00000 2.		2.40	ITY-S1	T-ZIP			
TITLE	VD	☐ DELETE	3.1 TI	TLE			Change	Addition
NAME	van Kesteren, Evelyn		3.2 N	AME				
STREET ADDRESS	#1 BCH DR		3.3 S	TREET	ADDRESS			
CITY-ST-ZIP	ST PETE, FL 00000		3.4. CITY		T- ZIP			ET A data.
TITLE	PD	☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME	CAMPBELL, W FRED		4.2 N	٠	}			
STREET ADDRESS	9931 PINE LAKE TRAIL				ADDRESS			
CITY-ST-ZIP	ST PETE, FL 00000	□ DELETE	_	TY-ST	-ZIP		Change	☐ Addition
TITLE		☐ DELETE	5.1 TI 5.2 N				□ cuange	
NAME		•			ADDRESS			
STREET ADDRESS			1	ITY-ST	ì			
CITY OF 7ID			■ 0.4 U	ادبئين	- <b>-</b> II			

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 suppliemental 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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

5/16/99

727 392 5116

Change