

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 # 578183

1. Corporation Name

BAY-TREE ORGANIZATION, INC.

Principal Place of Business

3933-EDEN-ROC-CIR-EAST
TAMPA-FL-33634

Mailing Address

9813 BRIDGETON DR
TAMPA FL 33626
US

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90062 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1978

4. FEI Number

59-1839121

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 9813 BRIDGETON DR.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 TAMPA, FLA

City & State

28 TAMPA, FLA

Zip

24 33626

Country

25 U.S.A.

Zip

29 33626

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SHINER, SHIRLEY
3933-EDEN-ROC-CIR, E
TAMPA-FL-33634

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 9813 BRIDGETON DR.

84 TAMPA,

City

FL 85 Zip Code

33626

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 SHIRLEY SHINER - PRES.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAN 8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SHINER, SHIRLEY
STREET ADDRESS 3933-EDEN-ROC-CIR-E
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☐ DELETE

NAME SHINER, MERVIN
STREET ADDRESS 3933-EDEN-ROC-CIR-E
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

9813 BRIDGETON DR.
TAMPA, FLA 33626

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

9813 BRIDGETON DR.
TAMPA, FLA 33626

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

SIGNATURE: Shirley Shiner - SHIRLEY SHINER JAN 8/99 813-926-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)