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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 585364

(3)

BAYVIEW CONSTRUCTION CORPORATION

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| Principal Place | e of Business | Mailing Address | | | | i innini diene inen unin tile diet diet die | IPIL BIR II BIRII BIRI | | JII 1 68 1 |
| 4836 SE RAILW P. O BOX 2583 STUART FL 349 | • | P O BOX 2583 P. O BOX 2583 STUART FL 34995-2583 | | | | | | | |
| U\$ | | | | | | 3. Date Incorporated or Qualified 09/06/1978 | 3a. Date of L 06/21/19 | | port |
| 2. Principal Pi | lace of Business | 2a. Mailing Address 26 | | | | 4. FEI Number Applied For 59-1851779 Not Applicable | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | | Certificate of Status Desired | | 75 A | dditional quired |
| City & State 23 | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Feas | | | |
| Zip | Country | Zip | Cour | ntry | | 8. This corporation has liability for it | | ider s. | 199.032. |
| 24 | [25] | 29 | 30 | | | | Yes No | | |
| | 9. Name and Address of Curren | it Hegistered Agent | | 81 | Name | 10. Name and Address of New Reg | Jistered Agent | | |
| NINGE, REMIETA | | | | | | | | | |
| 5318 SE SCHOONER OAKS WAY STUART FL 34997 | | | | | Street Addre | ss (P.O. Box Number is Not Acceptable) | | | |
| | | | ĺ | 83 | | | | | |
| | | | | | City | | FL 85 | Zip C | ode |
| 11. Pursuant office or nagent. La | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig- | 2 and 607,1508, Florida Statu of Florida. Such change was ations of, Section 607,0505, Fl | tes, the ab authorized orida State | oove- d by t utes. | named corpo the corporatio | oration submits this statement for the pi on's board of directors. I hereby accep | urpose of chang t the appointme | ging its int a s r | registered egistered |
| SIGNATURE | | | | | | | | | |
| 12. | Signature, typied or printed name of registered age | ont and trie if applicable (NO) D DIRECTORS | 1E: Registered | Agent | t signature required | d when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE FRS AND DIRE | CTORS | 3 IN 12 |
| TITLE | The state of the s | | 1.1 1.1 | LE. | | ADDITIONATION TO COMP | C | | Addition |
| NAME | RINGE, KENNETH | 1.2 NAME | | | | | • | | |
| STREET ADDRESS | 5318 SE SCHOONER OAKS W | | | DORESS | | | | | |
| CITY-ST-ZIF | STUART FL | 1 | | TY - ST - | | | | | |
| TITLE | | | 2.1 7/1 | | | | ☐ CI | ange | Addition |
| NAME | | 22 | | 22 NAME | | | | | |
| STREET ADDRESS | | | 2.3 ST | 2.3 STREET ADDRESS | | | | | |
| CITY-\$1-719 | | 2.4 | | 2. 4 CITY-ST-ZIP | | | | | |
| TOTALE | | | 3 1 TIT | | | | ☐ CI | ange | Addition |
| NAME | 3.2 | | 3.2 NA | ME | | | | | |
| STREET ADDRESS | | | 3.3 \$1 | REET A | address | • | | | } |
| CITY - ST - ZIP | | | | TY-ST | -ZIP | | | | |
| TITLE | | | 4.1 111 | TLE | 1 | | | iange | Addition |
| NAME | | | 4.2 N | | | | | | |
| STREET ADDRESS | | | 4 3 ST | REET A | IDDRESS | | | | |
| CITY-S1-ZIP | | FT Ke, + | | TY-57- | - ZIP | | —————————————————————————————————————— | | 1 1000000 |
| TITLE | | | 5.1 TiT | | l | | □ c | ange | Addition |
| NAME | | | 5.2 NA | | | | | | |
| STREET ADDRESS | | | | | IDDRESS) | | | |) |
| CITY-SI-7-F | | DELETE | | TY-ST- | - ZIP | | □ CI | 12000 | Addition |
| THEF | | L.J DECETE | 6.1 TJY | | | · | LJ U | មាសិន | Madinoli |
| NAME DEBES E ADDRESSO | | | 6.2 NA | Mt. | PDOCOC | | | | İ |

14. I do note by certify that the information supplied with this Iting 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 exemption stated in Section 119.07(3)(ii), 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 exemption stated in Section 119.07(3)(ii), 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 exemption stated in Section 119.07(3)(ii), 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 exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in the same legal effect as if made under oath; that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in the same legal effect as if made under oath; that I am an offi

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Apr 29 1997 8:00am

Secretary of State