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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90297 023 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 694851

1. Corporation Name  
**BAY PERSONNEL, INC.**



Principal Place of Business  
 18830 US 19 N #330  
 SUITE 330  
 CLEARWATER FL 34624-3117

Mailing Address  
 18860 US 19 NORTH  
 SUITE 102  
 CLEARWATER FL 34624-3117  
 US 33764

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 18860 US 19 N  
 Suite, Apt. #, etc.  
 22 102  
 City & State  
 23 CLEARWATER, FL  
 Zip Country  
 24 33764 25 USA

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

3. Date Incorporated or Qualified  
 07/15/1981

4. FEI Number  
 59-2408073 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

9. Name and Address of Current Registered Agent  
**RILEY, JOHN L.**  
 2625 FIFTH AVENUE NORTH  
 ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent  
 81 Name  
**ROSEMARIE KASSEBAUM**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7164 118TH TERRACE N.**  
 83  
 84 City  
**LARGO** FL 85 Zip Code  
**33773**

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 *Rosemarie Kassebaum* (NOTE: Registered Agent signature required when reinstating) DATE 4/23/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KASSEBAUM, WILBUR F	
STREET ADDRESS:	7164 118TH TERRACE NO	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KASSEBAUM, ROSEMARIE	
STREET ADDRESS:	7164 118TH TERRACE NO	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS:		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS:		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS:		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROSEMARIE KASSEBAUM	
1.3 STREET ADDRESS	7164 118TH TERRACE NORTH	
1.4 CITY-ST-ZIP	LARGO, FL 33773	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAROL ENGWALL	
2.3 STREET ADDRESS	8507 ORIENT WAY N.E.	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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(5)(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: *Rosemarie Kassebaum* ROSEMARIE KASSEBAUM 4/23/99 727-535-5684  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date ( daytime Phone #

CR2E034 (11/98)