

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

815000

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

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

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

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

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

9. Name and Address of Current Registered Agent

RILEY, JOHN L.  
2025 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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/23/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME KASSEBAUM, WILBERT  
STREET ADDRESS: 7164 118TH TERRACE NO  
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE  
NAME KASSEBAUM, ROSEMARIE  
STREET ADDRESS: 7164 118TH TERRACE NO  
CITY-ST-ZIP LARGO FL 33773

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 PRESIDENT ☒ Change ☐ 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 ☐ Change ☒ Addition  
2.2 NAME CAROL ENG WALL  
2.3 STREET ADDRESS 8507 ORIENT WAY N.E.  
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

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(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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/23/99 727-535-5684  
Date ( daytime Phone #

CR2E034 (11/98)