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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F30032** **(9)**

1. Corporation Name

BAYSIDE MARINE, INC.

Principal Place of Business	Mailing Address
MILE MARKER 81 1/2 OVERSEAS HWY PO BOX 106 ISLAMORADA FL 33036	MILE MARKER 81 1/2 OVERSEAS HWY PO BOX 106 ISLAMORADA FL 33036

3. Date Incorporated or Qualified: 05/08/1981

3a. Date of Last Report: 01/25/1995

2. Principal Place of Business
21: 9520 SW 19th Ave Rd
22: Suite, Apt. #, etc.
23: City & State: Ocala, Fl
24: Zip: 34476
25: Country: U.S

2a. Mailing Address
26: 9520 SW 19th Ave Rd
27: Suite, Apt. #, etc.
28: City & State: Ocala, Fl
29: Zip: 34476
30: Country: U.S

4. FEI Number: 59-2092337 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DYE, JOHN PAUL
MILE MARKER 81 1/2 OVERSEAS HWY
P O BOX 106
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name: Dye, John Paul
82 Street Address (P.O. Box Number is Not Acceptable): 9520 SW 19th Ave Rd
83:
84 City: Ocala **FL** 85 Zip Code: 34476

11. Pursuant to the provisions of Section(s) 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: John Paul Dye — DATE: 4/26/96

Signature of typed or printed name of Registered Agent and title if applicable. NOTE: Registered Agent signature is required when filing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DYE, JOHN PAUL MM 81 1/2 OVERSEAS HWY ISLAMORADA, FL 33036	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DYE, JOHN PAUL MM 81 1/2 OVERSEAS HWY ISLAMORADA, FL 33036	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John Paul Dye — 4/26/96 — 352-873-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)