

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

FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F30032** (9)
1. Corporation Name
BAYSIDE MARINE, INC.

Principal Place of Business 7520 SW 19TH AVE RD PO BOX 106 OCALA FL 34476 US	Mailing Address 7520 SW 19TH AVE RD PO BOX 106 OCALA FL 34476-6755 US
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3. Date Incorporated or Qualified 05/08/1981	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 9520 SW 19th Ave Rd Suite, Apt. #, etc. 22 City & State 23 OCALA, FL Zip 24 34476 Country 25 USA	2a. Mailing Address 26 9520 SW 19th Ave Rd Suite, Apt. #, etc. 27 City & State 28 OCALA, FL Zip 29 34476 Country 30 USA
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4. FEI Number 59-2092337	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DYE, JOHN PAUL
9520 SW 19TH AVE RD
P O BOX 106
OCALA FL 34476**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	DYE, JOHN PAUL	
STREET ADDRESS	MM 81 1/2 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DYE, JOHN PAUL	
STREET ADDRESS	MM 81 1/2 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DYE, JOHN PAUL	
1.3 STREET ADDRESS	9520 SW 19th AVE RD	
1.4 CITY-ST-ZIP	OCALA, FL 34476	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DYE, JOHN PAUL	
2.3 STREET ADDRESS	9520 SW 19th AVE RD	
2.4 CITY-ST-ZIP	OCALA, FL 34476	
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 do 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.

SIGNATURE:  **John Paul Dye**

2/7/97 352-873-7011

CR2E034 (9/96)