

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90069 040 ***150.00

DOCUMENT # F93000005291

1. Corporation Name

BAY WEST INSURANCE AGENCY, INC.

Principal Place of Business

7901 4TH STREET NORTH
STE 200
ST. PETERSBURG FL 33702
US

Mailing Address

7901 4TH STREET NORTH
STE 200
ST. PETERSBURG FL 33702
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

3. Date Incorporated or Qualified

11/19/1993

4. FEI Number

35-1903725

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

81. Name

Thomas J. Balkan

82. Street Address (P.O. Box Number is Not Acceptable)

7901 4th Street North

83.

Suite 200

84. City

St. Petersburg

FL

85. Zip Code

33702

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

Thomas J. Balkan, Thomas J. Balkan VP Secretary, Authorized House Counsel 1/21/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CD
NAME WALL, KARL J
STREET ADDRESS 700 1ST AVE SOUTH
CITY-ST-ZIP TIERRA VERDE FL 33715

DELETE

TITLE PTD
NAME MCNALLY, JOSEPH W
STREET ADDRESS 754 PINELLAS BAYWAY
CITY-ST-ZIP TIERRA VERDE FL 33715

DELETE

TITLE VD
NAME READ, WAYNE
STREET ADDRESS 3731 BRANBLEWOOD COURT
CITY-ST-ZIP LAND O LAKES FL 34639

DELETE

TITLE VD
NAME REINKING, LINDA L
STREET ADDRESS 2218 BIRCHBARK TRAIL
CITY-ST-ZIP CLEARWATER FL 34623

DELETE

TITLE VS
NAME BALKAN, THOMAS J
STREET ADDRESS 172 DEVON DRIVE
CITY-ST-ZIP CLEARWATER BEACH FL 34630

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

830 Pinellas Bayway S.
Tierra Verde, FL 33715

7233 Danbury Way
Clearwater, FL 33764

14. I 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, with all other like empowered.

SIGNATURE:

Linda L. Reinking

Date

Daytime Phone #

1-21-99 727-577-3771

CR2E034 (11/98)

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