FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F97940** **(3)**

1. Corporation Name

BAY AREA INSURORS, INC.

Principal Place of Business

10575 68TH AVENUE NORTH STE D-2
SEMINOLE FL 34642

Mailing Address

10575 68TH AVENUE NORTH STE D-2
SEMINOLE FL 34642

3. Date Incorporated or Qualified: **08/31/1982**

3a. Date of Last Report: **05/16/1995**

4. FEI Number: **59-2215630** ☐ 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

2. Principal Place of Business
21 800 49th St. No.
Suite, Apt. #, etc.
22 #200
City & State
23 St Petersburg, FL
Zip 24 33710 County 25 Pinellas

2a. Mailing Address
26 P O Box 40660
Suite, Apt. #, etc.
27
City & State
28 St Petersburg, FL
Zip 29 33743-0660 Country 30 Pinellas

9. Name and Address of Current Registered Agent

BUSCH, RICHARD J.
10575 - 68TH AVENUE NORTH, STE D-2
SEMINOLE 34642

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 800 49th St. No.
83 #200
84 City St Petersburg FL 85 Zip Code 33710

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. The 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	ANTEKEIER, SUSAN B.	
STREET ADDRESS	309 16TH AVE.	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	
TITLE	PD	☐ DELETE
NAME	BUSCH, RICHARD	
STREET ADDRESS	350 BATH CLUB SOUTH	
CITY-ST-ZIP	N. REDINGTON BCH. FL	
TITLE	STD	☐ DELETE
NAME	PROVINSE, SUSAN V	
STREET ADDRESS	14703 WILLET WAY	
CITY-ST-ZIP	TAMPA, FL 00000	
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 OR CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S/T/D	☒ 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	V/D	☒ 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		

CR2E034 (12/95)

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: Susan B Antekeier 4/10/96 813-323-

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