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Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS
P.O. BOX 6327 TALLAHASSEE 32314

DOCUMENT # F97984

1. Corporation Name
BAYBORO BOOKS INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 09/02/1982
3a. Date of Last Report: 01/25/96

2. Principal Place of Business
21
22 Suite, Apt. #, etc
23 City & State
24 Zip | 25 Country

2a. Mailing Address
26 1255 BRIGHTWATERS BLVD NE
27 Suite, Apt. #, etc
28 City & State: ST. PETERSBURG FL
29 Zip: 33704 | 30 Country: USA

4. FEI Number: 59-2214205 ☐ 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

BALLARD, MARION UPHAM
121 SEVENTH AVENUE SOUTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: BALLARD MARION UPHAM
82 Street Address (P.O. Box Number is Not Acceptable): 1255 BRIGHTWATERS BLVD NE
83: ST. PETERSBURG
84 City: FL | 85 Zip Code: 33704

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: Marion U Ballard SAME REGISTERED AGENT - NEW ADDRESS
Signature required for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUCKER, MARIANNE 2636 COFFEE POT BLVD NE ST. PETERSBURG FL 33704 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BALLARD, MARION [redacted] 1255 BRIGHTWATERS BL NE ST. PETERSBURG FL 33704 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WALLACE, SARA C. 1338 MONTICELLO BL NORTH ST. PETERSBURG FL 33703 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BABCOCK SUZANNE P 4838 PARADISE WAY SOUTH ST. PETERSBURG FL 33705 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E034 (9/96)

14. I declare that I have examined 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: Marion U Ballard 2-22-97 813/894-0161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARION U. BALLARD