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

DOCUMENT # F97984 1. Corporation Name

BAYBORO BOOKS, INC.

Principal Place of Business	Mailing Address			
1255 BRIGHTWATERS BLVD. NE	1255 BRIGHTWATERS BLVD. NE			
ST. PETERSBURG FL 33704	ST. PETERSBURG FL 33704			

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90055 013 ***150.00



Principal Place	of Business	Mailing Address		•						
	ATERS BLVD. NE	1255 BRIGHTWATERS BLVD. N	IE .							
st. Petersbur	RG FL:33704	ST. PETERSBURG FL 33704				DO NOT WRI	TE IN THIS	SPACE		
-						Date Incorporated or Qualifed	- TE 114 11110			
						09/02/1982				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21		26				59-2214205			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		+ - · · ·	Additional lequired	
22		27								
City & State	e ;;.	City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Country	1		8. This corporation owes the curr	ent year Inta			
24	25	29 30				Personal Property Tax.		∐Yes	□No	
	9. Name and Address of Current	Registered Agent		1 :		10. Name and Address of New F	registerea i	Agent		
DALL	ADD MADION LIDUANS		81	۱'	Name	• •		•	ļ	
7 1 N 1 N T T T T T T	ARD MARION UPHAM		82	1	Street Addres	ss (P.O. Box Number is Not Accepta	ible)	· .	-	
	BRIGHTWATERS BLVD. NE		<u> </u>			130 (AZV + 2 2 M - 14 × 8 & 3	188,518 0	<u> </u>	696 5 53 3079	
. \$1.1	PETERSBURG FL 33704		83							
	•		84	+	City	**** ** * * * * * * * * * * * * * * *	EI	85 Zip	Code	
A Maria Control Control	c75:	LOOT IS ON THE STATE OF THE STA				rotion submits this statement for the	numose of	changing it	s registered	
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	3.						
SIGNATURE							DATE			
	Signature, typed or printed name of registered agent			nt si	ignature required v	ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12	
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OF	FICENS AIT	Change		
TITLE	ND MADIANNE	DEEC.IL							_	
NAME	RUCKER, MARIANNE		1.2 NAME						J	
STREET ADDRESS	2636 COFFEE POT BLVD NE		1.3 STREE						}	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	☐ DELETE	1.4 CITY-S	ST-Z	ZIP			☐ Change	Addition	
TITLE	PD.	DELETE	2.1 TITLE							
NAME	BALLARD, MARION U	_	2.2 NAME						l	
STREET ADDRESS	1255 BRIGHTWATERS BLVD. NE		2.3 STREE	T AI	DDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33704		2. 4 CITY-	ST-	ZIP		·	Change	Addition	
TITLE NAME :	TO. 2007 A. 2007	☐ DELETE	3.1 TITLE					☐ Change	e ☐ Addition	
NAME:	WALLACE, SARA C		3.2 NAME							
STREET ADDRESS	1338 MONTICELLO B1 NO		3.3 STREE	TAI	DDRESS	2.5		5 2. \$6	影響級	
CITY-ST-ZIP	ST. PETERSBURG FL 33703		3.4. CITY-	ST-2	ZIP		The state of		(b) (b) (64)	
TITLE	SD	☐ DELETE	4.1 TITLE				* 59 h. š	Change Ch	£் 🖹 Addition	
NAME	BABCOCK, SUZANNE P.		4. 2 NAME							
STREET ADDRESS	4838 PARADISE WAYS		4.3 STREE	T AI	DORESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33705		4.4 CITY-S	ST-Z	ZIP					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	- 🗌 Addition	
NAME		•	5.2 NAME						ł	
STREET ADDRESS			5.3 STREE	ETAI	DDRESS					
CITY-ST-ZIP	VD.		5.4 CITY-5	ST-2	ZIP					
TITLE	STORICE, STORY	DELETE	6.1 TITLE		1.			☐ Change	Addition	
NAME	CUS CAPER FOR JOHN		6.2 NAME						İ	
STREET ADDRESS	SI PERETURN TO THE		6.3 STREE	TA	DORESS					
1	1		_		ı					

6.4 CITY-ST-ZIP 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.