

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 20 AM 10:50

DOCUMENT # F98528

(5)

1. Corporation Name

BAY EQUIPMENT & SUPPLY, INC.

Principal Place of Business

5302 W CRENSHAW
TAMPA FL 33634

Mailing Address

5302 W CRENSHAW
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/08/1982

3a. Date of Last Report

05/10/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2231928

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIMARIA, JOHN A.
4222 GOLF CLUB LANE
TAMPA FL 33624

81 Name Dimaria, John A.

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

5302 W. Crenshaw

83

84 City Tampa

FL

85 Zip Code 33624

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

6-15-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME DIMARIA, MARY F
STREET ADDRESS 11401 COUNTRY OAKS DR
CITY - ST - ZIP TAMPA FL

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

V
DIMARIA, MARY F.
4201 HARTWOOD LN.
TAMPA, FL. 33624

☒ Change ☐ Addition

TITLE ST
NAME DIMARIA, DOMINIC W
STREET ADDRESS 11401 COUNTRY OAKS DR
CITY - ST - ZIP TAMPA FL

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

ST
DIMARIA, DOMINIC W.
4201 HARTWOOD LN.
TAMPA, FL. 33624

☒ Change ☐ Addition

TITLE P
NAME DIMARIA, JOHN A
STREET ADDRESS 4222 GOLF CLUB LANE
CITY - ST - ZIP TAMPA FL

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Daytime Phone #)

6-15-95