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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # G23610

(0)

**BAY BUDGET CORPORATION** 

Principal Place % RICHARD P. O 115 SO DALE M/ TAMPA FL 33809	P'NEIL Abry	Mailing Address % RICHARD P. O'NEIL 115 SO DALE MABRY TAMPA FL 33609-2838	% RICHARD P. O'NEIL 115 SO DALE MABRY						
						3. Date Incorporated or Qualified 02/11/1983		ate of Las /30/1996	
2. Principal Pla	ce of Business	2a. Mailing Address	- I			4. FEI Number		<b>⊢</b> −+	Applied For
21		26			<b>59-2332177</b> Not Applicable				
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
City & State		City & State	28			Election Campaign Financing     Trust Fund Contribution		4	0 May Be d to Fees
Zip 24	Country 25	Zip 29	_ <del> </del>			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New R	egistered	Agent	
O'NEIL, MICHALE L. 115 SOUTH DALE MABRY HIGHWAY TAMPA FL 33609			-		lame treet Addr	ess (P.O. Box Number is Not Accepta	ble)		
					ity			85 Z	ip Code
11. Pursuant to	the provisions of Sections 607	.0502 and 607.1508, Florida St	atules, the ab	oove-na	amed corp	poration submits this statement for the	FL purpose o	t changing	g its registered
SIGNATURE _	familiar with, and accounting of	1 lev 1715				ion's board of directors. I hereby acce	DATE	3 97	l
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1,1 717	1.1 TITLE				Chang	e 🔲 Addition
	O'NEIL, MICHAEL L		1.2 NA	ME					
STREET ADDRESS 115 SOUTH DALE MABRY H		HIGHWAY	HWAY 1.3 STRE		ress				
CITY-ST-ZIP	TAMPA FL		1.4 00	1Y - 51 - 21	Р				
TITLE		☐ DELETE	2.1 711	2.1 TITLE				Chang	e Addition
NAME			2.2 NA	2.2 NAME					
STREET ADDRESS			2.3 \$1	REET ADO	DRESS				
CITY-ST-ZIP			2. 4 Cl	TY - ST - Z	TP				
TITLE		DELETÉ	3.1 T(I	LE				Chang	e Addition

Change Addition Change Addition

Addition

**FILED** 

Jun 18 1997 8:00am

Secretary of State

6.4 CITY - ST - ZIP 14. I do 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 eath; 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 1

6.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS 3.4. CITY - \$1 - 2IP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY - ST-ZIP