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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

G28913

BAY IMAGE CO.

Principal Place of Business 1050 Whisper Cove Casselberry, FL 32707	Mailing Address	_

FILED Apr 27 1998 8:00am Secretary of State

	ice of Business	Mailing Address			·
	Whisper Cove lberry, FL 32707				
Casse	inderry, FL 32707			DO NOT WR	ITE IN THIS SPACE
i				3. Date Incorporated or Qualifie	
!				03/16/1983	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	euka Court		ka Court	59-2265703	Not Applicable
Suite, Apt	t. #. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Commond or Olaros Desired	Fee Required
City & Sta		City & State		6. Election Campaign Financing	
	r Springs, FL	28 Winter Springs, FL		Trust Fund Contribution	Added to Fees
Zip 32	708 Country Seminole	Z _{(p}	Country	8. This corporation owes or has	
24 32	9. Name and Address of Current	29 32708	30 Seminole	Personal Property Tax due Ju 10. Name and Address of New	
		t Hogistoled Agent	61 Name	TO. Maine and Address Of New	negistered Agent
;	EN M. FEITERS		Š	TEPHEN M. FETTERS	
1050	Whispering Cove		11		table)
Casse	1berry, FL 32707		B3 0	74 Keuka Court	
i !	• '		65		
			84 City W	inter Springs,	FL 85 Zin Colle
11. Pursuant	t to the provisions of Sections 607.0502	2 and 607,1508, Florida Stat	ules, the above-named	corporation submits this statement for the	e purpose of changing its registered
office or	registered agent, or both, in the State of	of Florida, Such change was	s authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby according to the control of	cept the appointment as registered
		World Dr. Georgian Cor. Coco.	PAJES M	ECTIONS !	04 <i>1Zo/</i> 98
SIGNATURE	Signature Typed or numed name of registered agen	nt and title if applicable (N	OTE Registered Agent signature	required when re-ristating)	DATE
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	DP	scieChange
NAME	Stephen M. Fetters		1.2 NAME	Stephen M. Fetters	
STREET ADDRESS	1050 Whispering Cov	re	1 3 STREET ADDRESS	674 Keuka Court	
CITY-ST-ZIP	Casselberry, FL.		1.4 CITY - ST - ZIP	Winter Springs, FL	32708 -
TITLE		☐ DELETÉ	2 1 TITLE		☐ Change ☐ Addition
NAME	1		2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS		
C:TY - ST - ZIP	<u> </u>	F-1 - 2 - 2 - 2 - 2	2.4 CITY-ST ZIP		
! TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
HAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-\$7-ZIP			4 4 CITY - ST - ZIP		
TITLE		☐ DELETÉ	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		YS
STREET ADDFESS			5 3 STREET ADDRESS		مر را
DITM - ST - Z P			5.4 CITY-ST-2IP		4.21
111:		DELETE	6 1 TITLE	ייים גידי לידע נידע ווידע ווידע אודע אייי	Change Addition
"LAME	i		_		
			62 NAME		โกยก็ ก็กา๋งโก
STREET ADORESS			6.2 NAME 6.3 STREET ADDRESS	2000025 -04/27/9801	1052-02 1
STREET ADORESS OUTVISTING				-04/27/9801 ***150.00	1052021

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 truational with an address

0460 198

407-977-3814