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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

G68602

(3)

**DOCUMENT #** 1. Corporation Name

**BAY AREA LAND CORPORATION** 

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Principal Place C 2773 SEABRE		Mailing Address 2773 SEABREEZE DR	n.s.					
GULFPORT FL	. 33707	GULFPORT FL 33707	•					
					3. Date incorporated or Qualified 11/09/1983		of Last Re 2/17/199	
2. Principal Place	ce of Business	2a. Mailing Address 26			4. FEI Number 59-2362296			pplied For lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired
City & State	. 2.22	City & State			Election Campaign Financing     Trust Fund Contribution		•	May Be to Fees
Ζφ 24	Country 25	7ip	Cou	ntry	B. This corporation has liability for	intangible ta		
	g Name and Address of Curren				10. Name and Address of New Registered Agent			
				81 Name				
-SMITH, I	MARY MANN - MANN, C	ELIZABETH	5. . Da C	82 Street Add	Iress (P.O. Box Number is Not Acceptal	ole)		
- 432 3RD	STN 2773	SEABREEZE	LDR.S.	3-				
-ST PETE	RSBURG FL 33701 Gul	F PORT, FC	•	83				
		30101		84 City		FL	85 Zip	Code
11 Pursuant to	the provisions of Sections 607 0502	and 607.1508. Florida Statu	utes, the abo	ve-named corpo	oration submits this statement for the pu ard of directors. I hereby accept the app	roose of cha	anging its re	egistered office
SIGNATURE	Synatic, 135 of Philodinanic of regulared agrill			EU . 1 Agent signature requir	ZABETH S. MANN ed when reinstating ADDITIONS/CHANGES TO OFF	DATE		DS IN 12
12. TILLE	OFFICERS AN	D DIRECTORS  DELETE	13. 1 1 I	TITLE	ADDITIONS/CHANGES TO OF		Change	Addition
NAME	MANN, ELIZABETH S		1.2 N			_	- '	_
	2773 SEABREEZE DR.,S.			TREET ADDRESS				
STREET ADDRESS			1.3 \$					
	2773 SEABREEZE DR.,S. GULFPORT FL D	☐ DELETE	1.3 \$	TREET ADDRESS			Change	Addition
STREET ADDRESS	2773 SEABREEZE DR.,S. GULFPORT FL D SMITH, MARY MANN	☐ DELETE	1.3 S 1.4 C 2 1 T 2 2 N	TREET ADDRESS  ITY - ST - ZIP  ITLE	. 0 11 01	•	Change	Addition
STREET ADDRESS  CHY ST-ZIP  TITLE	2773 SEABREEZE DR.,S. GULFPORT FL D SMITH, MARY MANN 1117 MUROK WAY S	☐ DELETE	1.3 S 1.4 C 2 1 T 2 2 N 2 3 S	TREET ADDRESS  ITY - ST - ZIP  ITLE	18 HULL PL	•		_
STREET ADDRESS CHY ST-ZIP TILLE NAME STREET ADDRESS CHY ST-ZIP	2773 SEABREEZE DR.,S. GULFPORT FL D SMITH, MARY MANN 1117 MUROK WAY S ST.PETERSBURG FL	_	1.3 S 1.4 C 2 1 T 2 2 N 2 3 S 2 4 C	IREET ADDRESS  (IY-SI-ZIP  (ITLE  IAME  TREET ADDRESS  (IY-SI-ZIP	18 HULL PLA RICHFIELD, CO	ACE NN.		□ Addition  06877
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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: SIGNATURE AND TYPED OR PRINTED NAME OF