FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H64896 (4)

1. Corporation Name
BAY AREA FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
3000 ULMERTON RD UNIT 4 CLEARWATER FL 34622 US	PO BOX 152535 TAMPA FL 33684 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/03/1985
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 11999 49th st North
22 Suite, Apt. #, etc.: 102
23 City & State: Clearwater, Fl
24 Zip: 34622
25 Country: Pinellas

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2567222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

MARGOTTA, ROBERT J
6917 N CLEARVIEW AVE
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V/S/T ☒ Change ☐ Addition
NAME	MARGOTTA, ROBERT J.	1.2 NAME	Kevin P. McGinley
STREET ADDRESS	6917 CLEARVIEW AVE	1.3 STREET ADDRESS	8200 Heartwood La.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Bayonet Point, Fl 34667
TITLE	~~V/S/T~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~MARGOTTA, PATRICIA A.~~	2.2 NAME	
STREET ADDRESS	~~6919 CLEARVIEW AVE.~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL~~	2.4 CITY-ST-ZIP	
TITLE	V/S/T	3.1 TITLE	☐ Change ☐ Addition
NAME	Margotta, Patricia A.	3.2 NAME	
STREET ADDRESS	6919 N. Clearview Ave.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, Fl 33614	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, on an attachment with an address.

SIGNATURE: Kevin P. McGinley 3/7/95 #813-571-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D44841 FP