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FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H76962 (0)

1. Corporation Name

SILVER BAY OYSTER CO.

Principal Place of Business

11802 BOGGY CREEK RD  
ORLANDO FL 32824

Mailing Address

11802 BOGGY CREEK RD  
ORLANDO FL 32824-6903

3. Date Incorporated or Qualified

09/20/1985

3a. Date of Last Report

08/06/1996

4. FEI Number

59-6791544

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LOCKE, MARIAN IRIS  
1802 BOGGY CREEK RD.  
ORLANDO FL 32824

10. Name and Address of New Registered Agent

1 Name

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

3

4 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME LOCKE, MARIAN IRIS  
STREET ADDRESS RT. 1, BOX 111  
CITY - ST - ZIP ORLANDO FL

TITLE TO  
NAME LOCKE, MARIAN IRIS  
STREET ADDRESS 11802 BOGGY CREEK RD  
CITY - ST - ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 Change Addition

12 Change Addition

13 Change Addition

14 Change Addition

15 Change Addition

16 Change Addition

17 Change Addition

18 Change Addition

19 Change Addition

20 Change Addition

21 Change Addition

22 Change Addition

23 Change Addition

24 Change Addition

25 Change Addition

26 Change Addition

27 Change Addition

28 Change Addition

29 Change Addition

30 Change Addition

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 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:

Marian Iris Locke-MARIAN IRIS LOCKE-PS-T04-27-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)