

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J05131

(4)

1. Corporation Name

BAYSIDE BODYWORKS, INC.



Principal Place of Business

Mailing Address

#1 STEARNS STREET
GULF BREEZE FL 32561

#1 STEARNS STREET
GULF BREEZE FL 32561

3. Date Incorporated or Qualified

03/20/1986

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FET Number

59-2661663

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

10. Name and Address of New Registered Agent

WILKES, PAUL DOUGLAS, JR.
#1 STEARNS STREET
GULF BREEZE FL 32561

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

(NOTE: Registered Agent Signature Required When Reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
WILKES, PAUL D. JR.
STREET ADDRESS
308 PLANTATION HILL RD
CITY-STATE-ZIP
GULF BREEZE FL

TITLE ☐ DELETE

NAME
WILKES, KATHLEEN O
STREET ADDRESS
308 PLANTATION HILL RD
CITY-STATE-ZIP
GULF BREEZE FL

TITLE ☐ DELETE

NAME
JOHNSON, JOYCE E.
STREET ADDRESS
1968 CHURCH ST
CITY-STATE-ZIP
GULF BREEZE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

21. NAME

22. STREET ADDRESS

23. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

31. NAME

32. STREET ADDRESS

33. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

41. NAME

42. STREET ADDRESS

43. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

51. NAME

52. STREET ADDRESS

53. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

61. NAME

62. STREET ADDRESS

63. CITY-STATE-ZIP

7. TITLE ☐ Change ☐ Addition

71. NAME

72. STREET ADDRESS

73. CITY-STATE-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)(k), 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 a 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 amendment with an address.

SIGNATURE:

JOYCE E. JOHNSON

2-6-96 (904) 932-2525

Date

Daytime Phone #

CR2E034 (12/95)