

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

DOCUMENT # K09021

(2)

95 MAY -1 AM 8:02

1. Corporation Name

BAY PLATING & PAINTING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13447 BYRD DR
P.O. BOX 934
ODESSA FL 33556
US

13447 BYRD DRIVE
P.O. BOX 934
ODESSA FL 33556
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1988

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2870365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 7916 Evies Way

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City, State

28 City & State

23 Port Richey, FL

24 Zip

25 Country

29 Zip

30 Country

24 34668

25 Porto

29

30

9. Name and Address of Current Registered Agent

RADICS JR, MICHAEL J.
13447 BYRD DR
ODESSA FL 33556

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

(Agent or Director or both must sign if registered agent and this is required)

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
BYBEE, MARK T.
1967 GUNN HWY.
ODESSA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VPD
HOULLIS, MICHAEL N.
1967 GUNN HWY.
ODESSA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

STD
RADICS, MICHAEL J., JR.
1967 GUNN HWY.
ODESSA FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95
Date

813-920-2241
Tallahassee, Florida