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CORPORATION ANNUAL REPORT
**1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:44

DOCUMENT # K17743 (1)

1. Corporation Name
BAYWOOD VENTURES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % RICHARD D. SABA<br>1390 MAIN STREET, SUITE 824<br>SARASOTA FL 34236 | % RICHARD D. SABA<br>1390 MAIN STREET, SUITE 824<br>SARASOTA FL 34236 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 03/10/1988 | 3a. Date of Last Report: 03/22/1994 |
| 4. FEI Number: 65-0052223 | ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2033 Main Street | 26 2033 Main Street |
| Suite, Apt. #, etc<br>22 Suite 303 | Suite, Apt. #, etc<br>27 Suite 303 |
| City & State<br>23 Sarasota, FL | City & State<br>28 Sarasota, FL |
| Zip<br>24 34237 — Country<br>25 | Zip<br>29 34237 — Country<br>30 |

**9. Name and Address of Current Registered Agent**

SABA, RICHARD D.
1390 MAIN STREET
SUITE 824
SARASOTA FL 34236

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street

83
Suite 303

84 City: Sarasota — FL — 85 Zip Code: 34237

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 | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HENDERSON, J. SHERMAN, I | 12 NAME | |
| STREET ADDRESS | 12910 SHELBYVILLE ROAD, STE. 211 | 13 STREET ADDRESS | |
| CITY ST ZIP | LOUISVILLE KY | 14 CITY ST ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | GARVIN, FINLEY J. | 22 NAME | |
| STREET ADDRESS | 12910 SHELBYVILLE ROAD STE. 211 | 23 STREET ADDRESS | |
| CITY ST ZIP | LOUISVILLE KY | 24 CITY ST ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | SHURBET, WALTER D | 32 NAME | |
| STREET ADDRESS | 4600 CITATION LANE | 33 STREET ADDRESS | |
| CITY ST ZIP | SARASOTA FL | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntary 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, or on an attachment with an address.

**SIGNATURE:** Walter D. Swihart — 5/12/95 — (813) 371-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0341B00 CP