


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 10 1997 8:00am  
Secretary of State

|  |  |   |   |
|--|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b>   |  |  FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
| <b>DOCUMENT # K24179 (9)</b><br>1. Corporation Name<br><b>BAYSIDE RENTALS, INC.</b>  |  |   |   |
| Principal Place of Business<br><del>6422 W. HWY 98</del> <b>15412 W. HWY 98</b><br><del>PANAMA CITY BEACH FL 32407</del> <b>32413</b>  |  | Mailing Address<br><del>6422 W. HWY 98</del> <b>6201 THOMAS DR #1501</b><br><del>PANAMA CITY BEACH FL 32407-6402</del> <b>32408</b>   |   |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24  |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29  |   |
| 3. Date Incorporated or Qualified<br><b>05/17/1988</b>   |  | 3a. Date of Last Report<br><b>05/01/1996</b>  |   |
| 4. FEI Number<br><b>59-2890678</b>   |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>  |   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |   |
| 9. Name and Address of Current Registered Agent<br><b>HARDY, RONALD E.</b><br><del>6422 WEST HIGHWAY 98</del> <b>6201 THOMAS DR #1501</b><br><del>PANAMA CITY BEACH FL 32407</del> <b>32408</b>  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |
| 12. OFFICERS AND DIRECTORS   |  |   |   |
| TITLE  | <b>D</b> <input type="checkbox"/> DELETE                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| NAME   | <b>MILLER, BRAD</b>  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   | <b>15412 W. HWY 98A</b>                                      | 1.2 NAME  |   |
| CITY-ST-ZIP  | <b>PANAMA CITY BEACH FL 32413</b>                            | 1.3 STREET ADDRESS  |   |
| TITLE  | <b>D</b> <input type="checkbox"/> DELETE                     | 1.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | <b>HARDY, RONALD E.</b>                                      | 2.1 TITLE   |   |
| STREET ADDRESS   | <del>6422 WEST HIGHWAY 98</del> <b>6201 THOMAS DR. #1501</b> | 2.2 NAME  |   |
| CITY-ST-ZIP  | <b>PANAMA CITY BEACH FL 32408</b>                            | 2.3 STREET ADDRESS  |   |
| TITLE  | <input type="checkbox"/> DELETE                              | 2.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | 3.1 TITLE   |   |
| STREET ADDRESS   |  | 3.2 NAME  |   |
| CITY-ST-ZIP  |  | 3.3 STREET ADDRESS  |   |
| TITLE  | <input type="checkbox"/> DELETE                              | 3.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | 4.1 TITLE   |   |
| STREET ADDRESS   |  | 4.2 NAME  |   |
| CITY-ST-ZIP  |  | 4.3 STREET ADDRESS  |   |
| TITLE  | <input type="checkbox"/> DELETE                              | 4.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | 5.1 TITLE   |   |
| STREET ADDRESS   |  | 5.2 NAME  |   |
| CITY-ST-ZIP  |  | 5.3 STREET ADDRESS  |   |
| TITLE  | <input type="checkbox"/> DELETE                              | 5.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | 6.1 TITLE   |   |
| STREET ADDRESS   |  | 6.2 NAME  |   |
| CITY-ST-ZIP  |  | 6.3 STREET ADDRESS  |   |
| TITLE  | <input type="checkbox"/> DELETE                              | 6.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  |   |   |
| STREET ADDRESS   |  |   |   |
| CITY-ST-ZIP  |  |   |   |



CR2E034 (9/96)

SIGNATURE:

*Ronald Hardy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RONALD HARDY**

Date **2/3/97** Daytime Phone # **904-234-5271**