

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 13 1998 8:00am
Secretary of State

DOCUMENT # **K26742** (2)
1. Corporation Name
BAYONET POINT MANAGEMENT SYSTEMS, INC.

Principal Place of Business
**7117 STATE RD 52
HUDSON FL 34667**

Mailing Address
**7117 STATE RD 52
HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1988

4. FEI Number

65-0061178

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

**KALES, LAWRENCE J
7117 STATE RD 52
HUDSON FL 34667**

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

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

**PD
KALES, LAWRENCE J.
7117 STATE RD 52
HUDSON FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**SD
WANE, ROBERT S.
7117 STATE RD 52
HUDSON FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

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