FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994 5

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:23

1. Corporation Name
BAYGAN DEVELOPMENT CORP.

DOCUMENT #
K44887 (3)

Mailing Address
4902 BAYSHORE BOULEVARD
%EJOHN CLARK, III
TAMPA FL 33611

Principal Place of Business
4902 BAYSHORE BOULEVARD
%EJOHN CLARK, III
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address 21	2a. Principal Place of Business 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 11/14/1988
3a. Date of Last Report: 05/07/1993
4. FEI Number: 58-1833182 ☐ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
CLARK, E. JOHN, III
650 NORTH LAKE HOWARD DR.
4923 BAYSHORE BLVD.
TAMPA FL 32789

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______
(Agent Accepting Appointment) (NOTE: Registered Agent signature required when ... changing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	D/P	
1.2 NAME	LEROUX, EDWARD G. JR	
1.3 STREET ADDRESS	2581 PARTRIDGE DR.	
1.4 CITY-ST-ZIP	WINTER HAVEN FL	
2.1 TITLE	D/S	
2.2 NAME	CLARK, E. JOHN III	
2.3 STREET ADDRESS	1113 N LAKESHORE BLVD.	
2.4 CITY-ST-ZIP	HOWEY IN THE HILLS F FL 34737	
3.1 TITLE	D/T	
3.2 NAME	DUNN, RAYMOND J., III	
3.3 STREET ADDRESS	169 WHITCOMB AVE.	
3.4 CITY-ST-ZIP	LITTLETON MA	
4.1 TITLE	D	
4.2 NAME	SPENCER, ROBERT E.	
4.3 STREET ADDRESS	31 CLARK HILL DR.	
4.4 CITY-ST-ZIP	N. EASTON MA	
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****200.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntary ... and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division ... from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have ... all obligations ... as required by Chapter 717, Florida Statutes; and 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address ...

SIGNATURE: Robert E Spencer, Treasurer 5/11/94 617-935-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)