STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE Mar 11 1998 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Socretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # K61298 (1) BAY MACHINE, INC. Principal Place of Business Mailing Address 1617 49TH STREET, SOUTH 1617 49TH STREET, SOUTH **GULFPORT FL 33707 GULFPORT FL 33707** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1989 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3007916 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country This corporation owes or has paid the current year Intangible ☐ No 24 29 30 Personal Property Tax due June 30. 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **QUINN SUZANNE** 1321 77TH ST E 62 Street Address (P.O. Box Number is Not Acceptable) PALMETTO FL 34221 City 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 registers diagons and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE **QUINN, SALLY** NAME 1.2 NAME 1617 49TH ST. S. STREET ADDRESS 1.3 STREET ADDRESS **GULFPORT FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-\$T-ZIP CITY-ST-ZIP DELETE __ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TIME NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing cloes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual roport 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