

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER W. HARTMAN
COMMISSIONER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **K65321**

(7)

95 MAY -1 AM 11: 23

BF EAST BAY, INC.

INCORPORATED: 02/13/1989
 C/O ROBERT L. MCGILLEN
 6036 CLARK CENTER AVENUE
 SARASOTA FL 34238

MAJOR OFFICE:
 C/O ROBERT L. MCGILLEN
 6036 CLARK CENTER AVENUE
 SARASOTA FL 34238

DATE OF AGENT IN THIS STATE

| | |
|--|--|
| 3. Date of Incorporation in Jurisdiction 02/13/1989 | 3a. Date of Last Report 07/06/1994 |
| 4. Filing Number 59-2933528 | Approved For First Application |
| 5. Fee Schedule of Statute (Amount) | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for delinquencies under the Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| 2. Principal Office (City, State, Zip) | 2a. Mailed Address (City, State, Zip) |
| 21. 10801 Starkey Road State: FL Zip: 34689 | 26. 10801 Starkey Road State: FL Zip: 34689 |
| 22. 16 | 27. 16 |
| 23. Largo, FL | 28. Largo, FL |
| 24. 34689 | 29. 34689 |

9. Name and Address of Current Registered Agent

**MCGILLEN, ROBERT L.
6036 CLARK CENTER AVENUE
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

| |
|---|
| B1. Name McGillen, Robert L. |
| B2. Street Address (P.O. Box Number is Not Acceptable) 10801 Starkey Road #16 |
| B3. City, State, Zip Largo FL 34689 |

11. I, the undersigned, being duly sworn, depose and say that the above named corporation submits this statement for the purpose of changing its registered office as indicated herein, and that the change was authorized by the corporation's Board of Directors, and that I, the undersigned, accept the appointment as registered agent. I am familiar with and accept the obligations of the registered agent under Florida Statute.

SIGNATURE: *Robert L. McGillen* DATE: **4/28/95**

12. LIST OF REGISTERED OFFICERS

| | |
|---|---------|
| NAME | ADDRESS |
| D MCGILLEN, ROBERT L. 6036 CLARK CTR. AVE. SARASOTA FL | |
| D MCGILLEN, VIVIAN L. 6036 CLARK CTR. AVE. SARASOTA FL | |
| NAME | ADDRESS |
| NAME | ADDRESS |
| NAME | ADDRESS |
| NAME | ADDRESS |
| NAME | ADDRESS |
| NAME | ADDRESS |
| NAME | ADDRESS |
| NAME | ADDRESS |
| NAME | ADDRESS |

13. ADDITIONAL CHANGES TO REGISTERED OFFICERS AND DIRECTORS

| | | | |
|---|---------|-------------------------------------|--------------------------|
| NAME | ADDRESS | Change | Addition |
| D McGillen, Robert L. 10801 Starkey Road #16 Largo, FL 34689 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D McGillen, Vivian L. 10801 Starkey Road #16 Largo, FL 34689 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME | ADDRESS | Change | Addition |
| NAME | ADDRESS | Change | Addition |
| NAME | ADDRESS | Change | Addition |
| NAME | ADDRESS | Change | Addition |
| NAME | ADDRESS | Change | Addition |
| NAME | ADDRESS | Change | Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(5)(b), Florida Statutes. I further certify that the information indicated on this report is of a confidential nature and that my signature shall have the same legal effect as if made under oath. If it is determined that the information in this report is not confidential, the report as required by Florida Statutes, and that my name appears in the public file, I understand and agree in advance with an addressee.

SIGNATURE: *Robert L. McGillen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR

REMITTED BY MAY 1