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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **L08880** **(1)**

1. Corporation Name

**BAYSIDE FEDERAL SERVICE CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 1649 TAMIAMI TRAIL<br>SUITE A<br>PT CHARLOTTE FL 33953<br>US | PO BOX 759<br>MURDOCK FL 33938-0759<br>US |

| | |
|---|---|
| 2. Principal Place of Business<br>21 **1649 Tamiami Trail** | 2a. Mailing Address<br>26 **P.O. Box 380759** |
| Suite, Apt. #, etc.<br>22 **Suite A** | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 **Port Charlotte, FL** | City & State<br>28 **Murdock, FL** |
| Zip / Country<br>24 **33948** / 25 **USA** | Zip / Country<br>29 **33938-0759** / 30 **USA** |

3. Date Incorporated or Qualified: **08/14/1989**
3a. Date of Last Report: **01/17/1995**
4. FEI Number: **65-0157225** ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAUNTON, THOMAS E
1649 TAMIAMI TR
SUITE A
PT CHARLOTTE FL 33953

10. Name and Address of New Registered Agent

81 Name: **Williams, Alexander W.**
82 Street Address (P.O. Box Number is Not Acceptable): **1649A Tamiami Trail**
83
84 City: **Port Charlotte** **FL** 85 Zip Code: **33948**

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: _____ **Alexander W. Williams, Exec. Vice Pres.** **1/31/96**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TAUNTON, THOMAS E<br>1649 TAMIAMI TR, SUITE A<br>PT CHARLOTTE FL | XX DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>**Delano, G. Kristin**<br>**360 Central Avenue**<br>**St. Petersburg, FL 33701** | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HIGGENBOTHAM, MARTIN E<br>1666 WILLIAMSBURG SQ<br>LAKELAND FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>**Hussemann, Edwin C.**<br>**360 Central Avenue**<br>**St. Petersburg, FL 33701** | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CORRAL, CHRISTOPHER H<br>1 5TH AV<br>INDIAN ROCKS BEACH FL | XX DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>**Meehan, David K.**<br>**360 Central Avenue**<br>**St. Petersburg, FL 33701** | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLETCHER, RALPH L<br>4304 S FLORIDA AV<br>LAKELAND FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>**Menke, Robert M.**<br>**360 Central Avenue**<br>**St. Petersburg, FL 33701** | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHAH, FAHIM R<br>1088 ESTON<br>CAMARILLO CA | XX DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>**Mixson, John W.**<br>**360 Central Avenue**<br>**St. Petersburg, FL 33701** | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>WILLIAMS, ALEXANDER W<br>2026 NUREMBERG BLVD<br>PUNTA GORDA FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>**Phinney, E.E. "Gene"**<br>**360 Central Avenue**<br>**St. Petersburg, FL 33701** | ☐ Change XX Addition |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report 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

SIGNATURE: _____ **Alexander W. Williams** **1/31/96** **941/627-8550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #