

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
**1649 TAMiami TRAIL
SUITE A
PT CHARLOTTE FL 33948
US**

Mailing Address
**PO BOX 759
MURDOCK FL 33936
US**

3. Date Incorporated or Qualified
08/14/1989

3a. Date of Last Report
02/05/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 **PO Box 380759**

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

**WILLIAMS, ALEXANDER W
1649A TAMiami TRAIL
PORT CHARLOTTE FL 33948**

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 ☐ DELETE

NAME **D DELANO, G. KRISTIN**

STREET ADDRESS **360 CENTRAL AVENUE**

CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ DELETE

NAME **D HIGGENBOTHAM, MARTIN E**

STREET ADDRESS **1688 WILLIAMSBURG SQ**

CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **D MEEHAN, DAVID K**

STREET ADDRESS **360 CENTRAL AVENUE**

CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ DELETE

NAME **D FLETCHER, RALPH L**

STREET ADDRESS **4304 S FLORIDA AV**

CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **D MIXSON, JOHN W**

STREET ADDRESS **360 CENTRAL AVENUE**

CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ DELETE

NAME **V WILLIAMS, ALEXANDER W**

STREET ADDRESS **2026 NUREMBERG BLVD**

CITY-ST-ZIP **PUNTA GORDA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D and P Phinney, Edward E.**

1.3 STREET ADDRESS **2344 SE Fifth Street**

1.4 CITY-ST-ZIP **Ocala, FL 34471**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS **2291 Palo Duro Blvd.**

6.4 CITY-ST-ZIP **North Fort Myers, FL 33917**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/97

941/627-8550

Daytime Phone #

0524926

CR2E034 (9/96)