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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # | 14073** 

TAMPA	BAYSIDE HOMES, INC.						
Principal Plac	e of Business	Mailing Address			-	.51 @1215 B1811 B1811 B1	1911 81811 1991
93 EASTWINDS COURT 93 EASTWINDS COURT							
PALM HARBOR FL 34683 PALM HARBOR FL 34683			}		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	IIO OI FIOL	<del>`</del>
					09/05/1989		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			59-2971325	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		dditional
22		27			5. Certificate of Status Desired	Fee Re	quired ·
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees .
Zip	Country	Zip		untry	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Currer	t Registered Agent		81 Name	10. Name and Address of New Register	ad Agent	
200 N. GARDEN AVE SUITE A CLEARWATER FL 34630				83 84 City		L 85 Zip C	
office or r	to the provisions of Sections 607.05c egistered agent, or both, in the State m familiar with, and accept the obligations of the section of th	of Florida, Such change was tions of, Section 607.0505, F	authorize Iorida Sta	d by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as rec	jistered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	VP	DELETE	1.17	ITLE		☐ Change	Addition
NAME	ODOM, GREGG	<b>/</b> \	1.2 N	IAME			{
STREET ADDRESS	P.O. BOX 294 N/A		1.3 5	TREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 0	CITY-ST-ZIP			
TITLE	Р	☐ DELETE	2.1 7	ITLE		☐ Change	☐ Addition
NAME	STETLER, JIM		2.21	IAME			
STREET ADDRESS	_93-EWINDS-CT.			TREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL		2.4	CITY-ST-ZIP			
TITLE		☐ DELETE	3.17	TILE .		☐ Change	Addition
NAME			3.2 1	IAME			
STREET ADDRESS			3.3 9	STREET ADDRESS			
CITY-ST-ZIP			3.4.	CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 7	TTLE		Change	☐ Addition
NAME			4 2	NAME			Ì
STREET ADDRESS			4.3 9	STREET ADDRESS			
CITY-ST-ZIP			4,4 (	CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 1	TILE		☐ Change	Addition
NAME			5.2	IAME			
STREET ADDRESS			5.3 9	STREET ADDRESS			ļ
CITY-ST-ZIP			5,4 (	CITY-ST-ZIP			
		□ DELETE	617	m F	·	Change	☐ Addition .

14. I 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 is supplementar 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, with all other like empowered.

6.2 NAME

6 3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90003 010 \*\*\*150.00