

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 2-9-96

B-945-E

DOCUMENT # L47921 (6)

1. Corporation Name  
BY-PASS PROPERTIES, INC.



Principal Place of Business

36809 MISSOURI AV  
DADE CITY FL 33525  
US

Mailing Address

36809 MISSOURI AVE  
DADE CITY FL 33525  
US

3. Date Incorporated or Qualified  
02/01/1990

3a. Date of Last Report  
01/18/1995

2. Principal Place of Business

21 36809 Missouri Av

2a. Mailing Address

26 36809 Missouri Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Dade City, Fl.

City & State

28 Dade City, Fl.

Zip

24 33525

Country

25 Pasco

Zip

29 33525

Country

30 Pasco

9. Name and Address of Current Registered Agent

COUNIHAN, THOMAS  
36809 MISSOURI AVE  
DADE CITY FL 33525

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME COUNIHAN, THOMAS

STREET ADDRESS 36809 MISSOURI AVE

CITY- ST- ZIP DADE CITY FL

1.2 TITLE

NAME COUNIHAN, NANCY B.

STREET ADDRESS 36809 MISSOURI AVE

CITY- ST- ZIP DADE CITY FL

1.3 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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:

Nancy B. Coughlan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-96 352-567-3113  
Date Daytime Phone #

CR2E034 (12/95)