

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90029 022 \*\*\*150.00

DOCUMENT # L55775

1. Corporation Name

BAY AREA CONSTRUCTION SERVICES, INC.

Principal Place of Business

3812 GUNN HIGHWAY  
C/O RONALD T. WILHITE  
TAMPA FL 33624-1757

Mailing Address

3812 GUNN HIGHWAY  
C/O RONALD T. WILHITE  
TAMPA FL 33624-1757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1990

4. FEI Number

59-2996193

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 5453 W. WATERS AVE

Suite, Apt. #, etc.

22 103

City & State

23 TAMPA FL

Zip

24 33634

Country

2a. Mailing Address

26 5453 W. WATERS AVE

Suite, Apt. #, etc.

27 103

City & State

28 TAMPA FL

Zip

29 33634

Country

30

9. Name and Address of Current Registered Agent

WILHITE, RONALD T.

~~3812 GUNN HIGHWAY~~

~~TAMPA 33624-1757~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 5453 W. WATERS AVE. #103

84 City

TAMPA

FL

85 Zip Code

33634

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 PST ☐ DELETE

NAME WILHITE, RONALD T.

STREET ADDRESS ~~3812 GUNN HWY.~~

CITY-ST-ZIP ~~TAMPA FL~~

TITLE D ☐ DELETE

NAME WILHITE, RONALD T.

STREET ADDRESS ~~3812 GUNN HWY.~~

CITY-ST-ZIP ~~TAMPA FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 5453 W. WATERS AVE. #103

1.4 CITY-ST-ZIP TAMPA FL 33634

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 5453 W. WATERS AVE. #103

2.4 CITY-ST-ZIP TAMPA FL 33634

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

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied was true and correct, and that I am an officer or director of the corporation or the registered agent 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.

SIGNATURE:

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

Ronald T. Wilhite, PSTD

2-1-99 813290-8600

Date

Daytime Phone #

CR2E034 (11/98)

0396012