

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 # L88823 (4)
1. Corporation Name
BAYPING, INC.



Principal Place of Business: **420 HERLONG COURT LEESBURG FL 34748**
Mailing Address: **420 HERLONG COURT LEESBURG FL 34748**

3. Date Incorporated or Qualified: **07/16/1990**
3a. Date of Last Report: **06/09/1995**
4. FEI Number: **59-3019288**
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 **1012 S. DIXIE AVENUE**
Suite, Apt. #, etc.
22
City & State: **FRUITLAND PARK, FL**
23
Zip: **34731** Country: **USA**
25
2a. Mailing Address
26 **P.O. Box 493126**
Suite, Apt. #, etc.
27
City & State: **LEESBURG, FL**
28
Zip: **34749-3126** Country: **USA**
29 30

9. Name and Address of Current Registered Agent
MCLIN, WALTER, S., III
1000 WEST MAIN ST.
LEESBURG FL 34748
10. Name and Address of New Registered Agent
81 Name: **JAMES H. HERLONG JR**
82 Street Address (P.O. Box Number is Not Acceptable): **420 HERLONG COURT**
83
84 City: **LEESBURG** FL 85 Zip Code: **34748**

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: *James H. Herlong Jr* **JAMES H. HERLONG JR** DIRECTOR DATE: **4/16/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERLONG, JAMES, H, JR	
STREET ADDRESS	420 HERLONG COURT	
CITY-ST-ZIP	LEESBURG FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HERLONG, PEGGY, P	
STREET ADDRESS	420 HERLONG COURT	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *James H. Herlong Jr* **JAMES H. HERLONG JR** DATE: **4/16/96** (352) 787-1567

CR2E034 (12/95)