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Jan 30 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 # **L92450** **(0)**

1. Corporation Name
BAYWAY FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256 US	7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256-6842 US

3. Date Incorporated or Qualified: 08/10/1990
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business
21: 4306 Pablo Oaks Court
Suite, Apt. #, etc. 22:
City & State 23: Jacksonville FL
Zip 24: 32224 Country 25:

2a. Mailing Address
26: P O Box 16469
Suite, Apt. #, etc. 27:
City & State 28: Jacksonville FL
Zip 29: 32224 Country 30:

4. FEI Number: 59-3027169 ☐ 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

9. Name and Address of Current Registered Agent

COGGIN, LUTHER W
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4306 Pablo Oaks Court
83
84 City: Jacksonville **FL** 85 Zip Code: 32224

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 _____ DATE
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D V	☒ Change ☐ Addition
NAME	TOMM, C.B.		1.2 NAME		
STREET ADDRESS	7400 BAYMEADOW WAY #200		1.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	NOBLE, NANCY D		2.2 NAME		
STREET ADDRESS	7400 BAYMEADOWS WAY #200		2.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	DS	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	GALLAGHER, WILMA S		3.2 NAME		
STREET ADDRESS	7400 BAYMEADOWS WAY #200		3.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL 32256		3.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	COGGIN, LUTHER		4.2 NAME		
STREET ADDRESS	7400 BAYMEADOWS WAY #200		4.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL 32256		4.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	TS	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MARLETTE, LINDA		5.2 NAME		
STREET ADDRESS	7400 BAYMEADOWS WAY #200		5.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	V	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	HAMEL, MIKE		6.2 NAME		
STREET ADDRESS	7400 BAYMEADOWS WAY #200		6.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL 32256		6.4 CITY-ST-ZIP	Jacksonville FL 32224	

CR2E034 (9/96)

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: Wilma S Gallagher Sec. 1-17-97 904-992-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #