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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000117 (9)

1. Corporation Name  
BAY SAILORS, INCORPORATED



Principal Place of Business Mailing Address  
4119 MURIEL PLACE P O BOX 25101  
TAMPA FL 33614 TAMPA FL 33622-5101

3. Date Incorporated or Qualified 01/02/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  Not Applicable  
22 City & State 27 City & State 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
BORDERS, CAROLYN T 81 Name  
2802 CLARK RD 82 Street Address (P.O. Box) TAMPA, FL 33618  
TAMPA FL 33618 83 02/17/97 01046 095  
\*\*\*61.25 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	RONALD SELKE
STREET ADDRESS		1.3 STREET ADDRESS	PO BOX 204 N/A
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ST PETERSBURG, FL 33731-0204
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DANIEL MAWE
STREET ADDRESS		2.3 STREET ADDRESS	251-A CENTRAL AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MELODY BURKE
STREET ADDRESS		3.3 STREET ADDRESS	101 SUCAMORE LN.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	GAIL WOHL
STREET ADDRESS		4.3 STREET ADDRESS	7300 SUN ISLAND DR # 206
CITY-ST-ZIP		4.4 CITY-ST-ZIP	S. PASADENA, FL 33707
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	EDITH BENNETT
STREET ADDRESS		5.3 STREET ADDRESS	2001 83 AVE N. # 502B
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LARRY WALLACE
STREET ADDRESS		6.3 STREET ADDRESS	3044 RED OAK CT # 203
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PALM HARBOR, FL 34684

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Ronald Selke* 1-30-97 813-823-5021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048610

CR2E037 (9/96)

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FURTHER ADDITIONAL OFFICERS:

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FRED STARGARDT  
8014 TIMBERLAND DR.  
TAMPA, FL 33615

D

SUSAN STROM  
PO BOX 734 N/A  
OLDSMAR, FL 34677

D

DAVE POY  
5925 SHORE BLVD S, #606  
GULFPORT, FL 33707