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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000140

1. Corporation Name

BAYBORO OCEANOGRAPHIC INSTITUTE, INC.

Principal Place of Business
**100 SECOND AVENUE SOUTH
SUITE 701
ST. PETERSBURG FL 33701**

Mailing Address
**100 SECOND AVENUE SOUTH
SUITE 701
ST. PETERSBURG FL 33701**

88399 . 90004 . 7 9 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/08/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	30
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution
		8.75 Additional Fee Required
		5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**BALLARD, WILLIAM C
100 SECOND AVENUE SOUTH
SUITE 701
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	DS	1.1 TITLE	
NAME	BALLARD, WILLIAM C	1.2 NAME	
STREET ADDRESS	100 SECOND AVENUE SO #701	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	DVPT	2.1 TITLE	
NAME	CAMPBELL, GORDON W	2.2 NAME	
STREET ADDRESS	425 22ND AVENUE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	ROEDER, ROSS E	3.2 NAME	
STREET ADDRESS	1355 SNELL ISLE BLVD NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *William C Ballard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 727-822-2033

Date

Daytime Phone #

CR2E037 (11/98)