

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:02

DOCUMENT # **P02850** (6)
1. Corporation Name
BAYSIDE AGRICULTURAL, INC.

Principal Place of Business: **OFF GREAT NECK RD. P.O. BOX 43 WAREHAM MA 02571**
Mailing Address: **OFF GREAT NECK RD. P.O. BOX 43 WAREHAM MA 02571**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **Bayside Agricultural, Inc.**
2a. Mailing Address: **Bayside Agricultural, Inc.**
22. **2417 Cranberry Hwy.**
23. **Wareham, MA**
24. **02571**

3. Date Incorporated or Qualified: **07/27/1984**
3a. Date of Last Report: **01/25/1994**
4. FEI Number: **04-2595638**
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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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: _____

12. OFFICERS AND DIRECTORS

TITLE	YD
NAME	BEATON, DOUGLAS R.
STREET ADDRESS	27 DISCOVERY HILL ROAD
CITY - ST - ZIP	EAST SANDWICH MA
TITLE	CD
NAME	BEATON, PETER D.
STREET ADDRESS	118 PICKENS STREET
CITY - ST - ZIP	LAKEVILLE MA
TITLE	PD
NAME	DIRIENZO, CHRISTINE B.
STREET ADDRESS	SALT MARSH LANE
CITY - ST - ZIP	WAREHAM MA
TITLE	VPD
NAME	BEATON, KENNETH D.
STREET ADDRESS	LITTLE HARBOR ROAD
CITY - ST - ZIP	WAREHAM MA
TITLE	D
NAME	BEATON, MARJORIE L
STREET ADDRESS	LITTLE HARBOR RD
CITY - ST - ZIP	WAREHAM MA
TITLE	D
NAME	BEATON, DIANNE L
STREET ADDRESS	27 DISCOVERY HILL ROAD
CITY - ST - ZIP	E SANDWICH MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 130.02(2)(b), 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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christine B. Di Rienzo* 1/11/95 508-295-2222
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR OR DIRECTOR
Christine B. Di Rienzo