

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 # P02850 (6)

1. Corporation Name
BAYSIDE AGRICULTURAL, INC.



Principal Place of Business: **BAYSIDE AGRICULTURAL, INC.
2417 CRANBERRY HWY
WAREHAM MA 02571
US**

Mailing Address: **BAYSIDE AGRICULTURAL, INC.
2417 CRANBERRY HWY
WAREHAM MA 02571
US**

3. Date Incorporated or Qualified: **07/27/1984** 3a. Date of Last Report: **01/19/1995**

4. FEI Number: **04-2595638** 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
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29

Country: 25 Country: 30

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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE: DELETE

NAME: **TD BEATON, DOUGLAS R.**

STREET ADDRESS: **27 DISCOVERY HILL ROAD**

CITY-ST-ZIP: **EAST SANDWICH MA**

TITLE: DELETE

NAME: **CD BEATON, PETER D.**

STREET ADDRESS: **118 PICKENS STREET**

CITY-ST-ZIP: **LAKEVILLE MA**

TITLE: DELETE

NAME: **PD DIRIENZO, CHRISTINE B.**

STREET ADDRESS: **SALT MARSH LANE**

CITY-ST-ZIP: **WAREHAM MA**

TITLE: DELETE

NAME: **VPD BEATON, KENNETH D.**

STREET ADDRESS: **LITTLE HARBOR ROAD**

CITY-ST-ZIP: **WAREHAM MA**

TITLE: DELETE

NAME: **D BEATON, MARJORIE L**

STREET ADDRESS: **LITTLE HARBOR RD**

CITY-ST-ZIP: **WAREHAM MA**

TITLE: DELETE

NAME: **D BEATON, DIANNE L**

STREET ADDRESS: **27 DISCOVERY HILL ROAD**

CITY-ST-ZIP: **E SANDWICH MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE: Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE: Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE: Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE: Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE: Change 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: *Christine B. Di Rienzo* 1/18/96 508-295-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)