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**Jan 17 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 # P02850 (6)
1. Corporation Name
BAYSIDE AGRICULTURAL, INC.



Principal Place of Business 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 **01/25/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

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 **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	DIR
NAME	BEATON, DOUGLAS R.	1.2 NAME	MARTORIE E. Beaton
STREET ADDRESS	27 DISCOVERY HILL ROAD	1.3 STREET ADDRESS	118 Pickens St.
CITY - ST - ZIP	EAST SANDWICH MA	1.4 CITY - ST - ZIP	Lakeville, MA. 02346
TITLE	CD PRESIDENT/DIR	2.1 TITLE	DIR
NAME	BEATON, PETER D.	2.2 NAME	Charles J. DiRienzo II
STREET ADDRESS	118 PICKENS STREET	2.3 STREET ADDRESS	12 Saltmarsh Ln
CITY - ST - ZIP	LAKEVILLE MA	2.4 CITY - ST - ZIP	Wareham, Ma. 02571
TITLE	PD TREAS/CLERK/DIR	3.1 TITLE	
NAME	DIRIENZO, CHRISTINE B.	3.2 NAME	
STREET ADDRESS	SALT MARSH LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAREHAM MA	3.4 CITY - ST - ZIP	
TITLE	VPD DIRECTOR	4.1 TITLE	
NAME	BEATON, KENNETH D.	4.2 NAME	
STREET ADDRESS	LITTLE HARBOR ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WAREHAM MA	4.4 CITY - ST - ZIP	
TITLE	D DIRECTOR	5.1 TITLE	
NAME	BEATON, MARJORIE L	5.2 NAME	
STREET ADDRESS	LITTLE HARBOR RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	WAREHAM MA	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	BEATON DIANNE L	6.2 NAME	
STREET ADDRESS	27 DISCOVERY HILL ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	E SANDWICH MA	6.4 CITY - ST - ZIP	

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: *Christine B. DiRienzo* **Christine B. DiRienzo** 01/08/97 508-295-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)