

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1984	
21		26		4. FEI Number 04-2595638	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		
Zip		Zip			
Country		Country			

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 607.0506, 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	D	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARJORIE E. BEATON		1.2 NAME		
STREET ADDRESS	118 PICKENS ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEVILLE MA		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES J. DIRIENZO II		2.2 NAME		
STREET ADDRESS	12 SALT MARSH LN.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAREHAM MA		2.4 CITY-ST-ZIP		
TITLE	TCD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> DELETE	6.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Peter D. Beaton	
STREET ADDRESS			6.3 STREET ADDRESS	9 Elder's Pond Road	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Lakeville, MA.	

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

SIGNATURE: *Charles J. DiRienzo II* DATE: *1/27/98*

CR2E034 (10/97)