

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

FILED
Jan 22, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-22-1999 90067 014 ****150.00

DOCUMENT # P02850

1. Corporation Name
BAYSIDE AGRICULTURAL, INC.



DO NOT WRITE IN THIS SPACE

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

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 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: **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	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	D <input type="checkbox"/> DELETE	2.1 TITLE	<input 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	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATON, PETER D	6.2 NAME	
STREET ADDRESS	9 ELDERS POND ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEVILLE MA	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 607, 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: Christine B. Dirienzo 1/15/99 Date Daytime Phone # _____

CR2E034 (11/98)