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 # P09616 (4)

1. Corporation Name
BAY STREET CORPORATION

Principal Place of Business
205 WORTH AVENUE
P.O.BOX 2137
PALM BEACH FL 33480

Mailing Address
205 WORTH AVENUE
P.O.BOX 2137
PALM BEACH FL 33480

3. Date Incorporated or Qualified: 03/31/1986
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business
21 205 Worth Ave
Suite, Apt. #, etc.
22 Suite 206 C, PO 2137
City & State
23 Palm Beach, Fl
Zip
24 33480
Country
25 ~~Palm Beach~~ USA

2a. Mailing Address
26 PO 2137
Suite, Apt. #, etc.
27
City & State
28 Palm Beach FL
Zip
29 33480
Country
30 USA

4. FEI Number: 13-3013675 ☐ 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**

KILBORNE, GEORGE B.
205 WORTH AVENUE
P.O.BOX 2137
PALM BEACH FL 33480

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 [signature] George B. Kilborne — 1/15/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

	Officers and Directors	Delete
TITLE	PASD	☐
NAME	KILBORNE, GEORGE B./ASST	
STREET ADDRESS	205 WORTH AVE.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	S	☒
NAME	RHOADES, LOIS J.	
STREET ADDRESS	205 WORTH AVE.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VP	☐
NAME	KILBORNE, G. BRIGGS, JR.	
STREET ADDRESS	205 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	S	☐
NAME	KILBORNE, G. BRIGGS, JR	
STREET ADDRESS	205 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE		☐	☐
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Secretary	☒	☒
2.2 NAME	Jean B. Kilborne		
2.3 STREET ADDRESS	PO 2717, 417 Peruvian		
2.4 CITY-ST-ZIP	Palm Beach FL. 33480		
3.1 TITLE		☐	☐
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Assistant Secretary	☒	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐	☐
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: [signature] — 1/15/96 — 407-832-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
George B. Kilborne

CR2E034 (12/95)