

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90047 041 ***150.00

DOCUMENT # P09616

1. Corporation Name

BAY STREET CORPORATION



Principal Place of Business

205 WORTH AVE
SUITE 300C
PAL BEACH FL 33480
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **3120 Vincent Rd**

2a. Mailing Address

26 **P.O. Box 2137**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **W. Palm Beach FL**

City & State

28 **Palm Beach FL**

Zip Country

24 **33405** 25 **USA**

Zip Country

29 **33480** 30 **USA**

9. Name and Address of Current Registered Agent

G BRIGGS KILBORNE JR
205 WORTH AVE
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

G. Briggs Kilborne Jr **G. Briggs Kilborne Jr**

2/18/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDVS ☐ DELETE

NAME **G BRIGGS KILBORNE JR**

STREET ADDRESS **3120 VINCENT RD**

CITY-ST-ZIP **WEST PALM BCH FL 33405**

TITLE VPSD ☐ DELETE

NAME **KLUR KILBORNE THIELEMAN**

STREET ADDRESS **4388 COLUMBIA RD**

CITY-ST-ZIP **ELICOTT CITY MD 21042**

TITLE VPTD ☐ DELETE

NAME **SARAH KILBORNE DE BIENVILLE**

STREET ADDRESS **1 GRAMERCY PARK W #1F**

CITY-ST-ZIP **NEW YORK CITY NY 10003**

TITLE AS ☐ DELETE

NAME **LUCIE PECK MOFFETT**

STREET ADDRESS **245 LIST RD**

CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Kim Kilborne Thielemann

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:

G. Briggs Kilborne Jr **G. Briggs Kilborne Jr**

Date

Daytime Phone #

407-242-5333

CR2E034 (11/98)