FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12757 (1)

1. Corporation Name

BAY TRANSPORTATION CORPORATION

Principal Place of Business	Mailing Address
1305 SHORELINE DR (33605) P.O. BOX 5797 TAMPA FL 33675	1305 SHORELINE DR. (33605) P.O. BOX 5797 TAMPA FL 33675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1987
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-2754468 ☐ 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

7. This corporation has liability for intangible tax under § 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: JAMES S. KIMBRELL (If new Registered Agent signature required when changing) 27 April 1995 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDS	11 TITLE	☐ Change ☐ Addition
NAME	SWINDAL, STEPHEN W.	12 NAME	
STREET ADDRESS	2502 ROCKY POINT DR.	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	YOUNG, WILLIAM H.	22 NAME	
STREET ADDRESS	1305 SHORELINE DR.	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	KIMBRELL, JAMES S.	32 NAME	
STREET ADDRESS	1305 SHORELINE DR.	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STEINBRENNER, HENRY	42 NAME	
STREET ADDRESS	2502 ROCKY POINT DRIVE	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	BRANTNER, JAMES C.	52 NAME	
STREET ADDRESS	1305 SHORELINE DR.	53 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STEINBRENNER, GEORGE M.	62 NAME	
STREET ADDRESS	2502 ROCKY POINT DR.	63 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 13 above, or on an attachment with an entry in the blank.

SIGNATURE: JAMES S. KIMBRELL
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

27 April 1995 (813) 248-1123
Date Daytime Phone #

0444130 FP