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 # 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

3. Date Incorporated or Qualified: 01/02/1987
3a. Date of Last Report: 05/01/1995

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

2a. Mailing Address
26: Same as above
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 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

8. This corporation has liability for intangible tax under s 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDS SWINDAL, STEPHEN W. 2502 ROCKY POINT DR. TAMPA FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CDS Swindal Stephen W. 1805 Shoreline Dr. Tampa, Fl 33605 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YOUNG, WILLIAM H. 1305 SHORELINE DR. TAMPA FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE CHAIRMAN/DIRECTOR Young, William H. 1305 Shoreline Dr. Tampa, Fl 33675 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD KIMBRELL, JAMES S. 1305 SHORELINE DR. TAMPA FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VTSD Kimbrell James S 1305 Shoreline Drive TPA ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINBRENNER, HENRY 2502 ROCKY POINT DRIVE TAMPA FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Steinbrenner, Henry 3802 Dr. M.L. King Blvd Tampa, Fl 33614 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRANTNER, JAMES C. 1305 SHORELINE DR. TAMPA FL ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Steinbrenner, George M. 3802 Dr. M.L. King Blvd Tampa, Fl 33614 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINBRENNER, GEORGE M. 2502 ROCKY POINT DR. TAMPA FL ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	PRESIDENT/DIRECTOR STEINBRENNER, HAROLD 2. 1805 Shoreline Dr. TAMPA, Fl 33605 ☐ Change ☒ Addition

CR2E034 (12/95)

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 added, above.

SIGNATURE: [signature] 813-248-1123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #