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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1305 SHORELINE DR. (33605)
P.O. BOX 5787
TAMPA FL 33675

Mailing Address

1305 SHORELINE DR. (33605)
P.O. BOX 5787
TAMPA FL 33675-5787



3. Date Incorporated or Qualified

01/02/1987

3a. Date of Last Report

03/01/1996

2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2754468

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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: Type or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME SWINDAL, STEPHEN W.
STREET ADDRESS 1305 SHORELINE DR
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE CD
NAME YOUNG, WILLIAM H.
STREET ADDRESS 1305 SHORELINE DR.
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE VTSD
NAME KIMBRELL, JAMES S.
STREET ADDRESS 1305 SHORELINE DR.
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE D
NAME STEINBRENNER, HENRY
STREET ADDRESS 3802 DR ML KING BLVD
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE V
NAME BRANTNER, JAMES C.
STREET ADDRESS 1305 SHORELINE DR
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE D
NAME STEINBRENNER, GEORGE M.
STREET ADDRESS 3802 DR M. L. KING BLVD
CITY- ST- ZIP TAMPA FL

☐ DELETE

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

14. I do 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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)