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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

appears in Block

DOCUMENT # P12757

(1)

**BAY TRANSPORTATION CORPORATION** 

**FILED** 

May 02 1997 8:00am

Secretary of State

Daytime Phone #

| Principal Place  | e of Business  | Mailing Address   |   |   |  |                                  |
|--|--|---|---|---|--|----------------------------------|
| 1305 SHORELINE DR. (33605)       1305 SHORELINE DR. (3360 P.O. BOX 5797         P.O. BOX 5797       P.O. BOX 5797         TAMPA FL 33675       TAMPA FL 33675-5797   |  | 9605)   |   |   |  |                                  |
|  |  |   |   | <ol> <li>Date Incorporated or Qualified<br/>01/02/1987</li> </ol>         | 3a. Date of Last Report 03/01/1996   |                                  |
| 2. Principal Pi  | lace of Business   | 2a. Mailing Address   |   | 4. FEI Number   | Applied  | For                              |
| 1 San  | ne as above  | 26 Same as  | above   | 59-2754468  | Not Appl   | licable                          |
| Suite, Apt   |  | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired  | \$8.75 Addition  |                                  |
| City & State   | e  | City & State  |   | 6. Election Campaign Financing Trust Fund Contribution                    | \$5.00 May 8 Added to Fee  | -                                |
| Ζιρ  | Country  | Zip   | Country   | 8. This corporation has liability fo                                      | r intangible tax under s. 199.0  | )32,                             |
| 4  | [25]   | 29  | 30  |   | Yes No   |                                  |
|  | 9. Name and Address of Curre   | ent Registered Agent  |   | 10. Name and Address of New P   | legistered Agent   |                                  |
| CT C   | CORPORATION SYSTEM   |   | 81 Name   |   |  |                                  |
| 1200   | ) S. PINE ISLAND ROAD  |   | 82 Street   | Address (P.O. Box Number is Not Accepta                                   | able)  |                                  |
| PLAN   | NTATION FL 33324   |   | ļ. <u></u>  | *****   |  |                                  |
|  |  |   | 83  |   |  |                                  |
|  |  |   | 84 City   | ***************************************                                   | FL 85 Zip Code   |                                  |
|  | 10 -1-10   | 00 - 1007 4500 Flester Out  |   | corporation submits this statement for the                                |  |                                  |
| office or r  | registered agent, or both, in the Statem familiar with, and account the obli   | gations of Section 607.0505. F  | -lorida Statutes  |   |  |                                  |
| office or r<br>agent. La<br>SIGNATURE  | Signal on type for printed name of ingistered a  OFFICERS AI   | gations of, Section 607.0505, F  gent and tile if applicable (NO ND DIRECTORS                                   | TOTICA STATUTES.  DTE Registered Agent signature  | required when rainstating)  ADDITIONS/CHANGES TO OFF                      |  |                                  |
| office or r<br>agent. La<br>SIGNATURE  | Signal or Type for printed name of nigistered a  OFFICERS AI   | gations of, Section 607.0505, Figer; and tile if applicable (No.  | DTE Registered Agent signature  13. 1.1 TITLE   |   | ICERS AND DIRECTORS IN   |                                  |
| office or n<br>agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>MANS   | Signal rectifier with, and accept the obligation type for printed name of registered a OFFICERS AT CD SWINDAL, STEPHEN W.  | gations of, Section 607.0505, F  gent and tile if applicable (NO ND DIRECTORS                                   | DTE Registered Agent signature 13. 1.1 TITLE 12 NAME  |   | ICERS AND DIRECTORS IN   |                                  |
| office or n<br>agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADORESS   | Signal co. type the printed name of registered a OFFICERS AI CD SWINDAL, STEPHEN W. 1305 SHORELINE DR  | gations of, Section 607.0505, F  gent and tile if applicable (NO ND DIRECTORS                                   | DTE Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS   |   | ICERS AND DIRECTORS IN   |                                  |
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