

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

APPROVED
AND
FILED

1996 MAY 17 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002142

1. Corporation Name

Bay's Best Beach Service, Inc.

Principal Place of Business

Mailing Address

7900 Thomas Dr P.O. Box 9598

PCB, FL 32417 PCB, FL 32417

2. Principal Place of Business

2a. Mailing Address

21 7900 Thomas Dr

26 P.O. Box 9598

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PCB, FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

32417

FL

32417

FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ike Dure

P.O. Box 9598

PCB, FL 32417

81 Name Ike Dure

82 Street Address (P.O. Box Number is Not Acceptable)
6905 Thomas Dr

83

84 City PCB Ama City Beach FL

85 Zip Code 32407

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]

5/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P. Malinsky, Michael
STREET ADDRESS 2328 Beech Street
CITY, ST, ZIP PCB, FL 32408

TITLE ☐ DELETE
NAME V. Isaac K. Dure
STREET ADDRESS 6905 Thomas Dr.
CITY, ST, ZIP PCB, FL 32407

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

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-05/20/96--01064--001
***458.75 ***225.00

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 on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/96

Date

Signature Title

CR2E034 (12/95)