

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000018300 (2)

1. Corporation Name

FLORIDA BAY HOMES, INC.

Principal Place of Business

6975 VERDE WAY
NAPLES FL 34108
US

Mailing Address

P.O. BOX 413005
SUITE 307
NAPLES FL 33941
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1993

4. FEI Number

59-3171476

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3200 BAILEY LN.

26 3200 BAILEY LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 117

27 SUITE 117

City & State

City & State

23 NAPLES FL

28 NAPLES FL

Zip

Country

Zip

Country

24 34105

25 USA

29 34105

30 USA

9. Name and Address of Current Registered Agent

SHEPHERD, NICHOLAS J
6975 VERDE WAY
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name

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

3200 BAILEY LN. #117

83

84 City

NAPLES

FL

85 Zip Code

34105

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

TITLE ☐ DELETE

NAME PTD
STREET ADDRESS SHEPHERD, NICHOLAS J
CITY-ST-ZIP 6975 VERDE WAY
NAPLES FL

TITLE ☐ DELETE

NAME VSD
STREET ADDRESS LECHLER, JOHN M
CITY-ST-ZIP 3401 31ST AVE., S.W.
NAPLES FL 33984

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

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 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 supplement to the 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, 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, with an attachment with an address.

SIGNATURE:

NICK SHEPHERD, PRES. 4-29-98 941-643-6767

CR2E034 (10/97)