

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000035925 (5)**

1. Corporation Name

BAY PROCESSING, INC.

Principal Place of Business

**26133 US HWY 19 N
SUITE 408
CLEARWATER FL 34623**

Mailing Address

**26133 US HWY 19 N
SUITE 408
CLEARWATER FL 34623-2018**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WEST, DONALD W
26133 U.S. HIGHWAY 19 NORTH
SUITE 408
CLEARWATER FL 34623**

3. Date Incorporated or Qualified

05/19/1993

3a. Date of Last Report

04/29/1996

4. FEI Number

59-3182778

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**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

RUTH RICHARDS WYNN

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

26133 US HWY 19 N

83

SUITE 408

84

CLEARWATER

FL

85 Zip Code

34623

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 607.065, Florida Statutes.

SIGNATURE

Ruth Richards-Wynne **RUTH RICHARDS-WYNN** **4/21/97**

12. OFFICERS AND DIRECTORS

1.1 TITLE **D** ☒ DELETE

NAME **WEST, DONALD W**
STREET ADDRESS **26133 US HWY 19 N SUITE 408**
CITY - ST - ZIP **CLEARWATER FL**

1.2 TITLE **P** ☐ DELETE

NAME **RICHARDS, RUTH**
STREET ADDRESS **26133 US HWY 19 N SUITE 408**
CITY - ST - ZIP **CLEARWATER FL**

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.8 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 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 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:

Ruth Richards-Wynne **RUTH RICHARDS-WYNN** **4/21/97** **913-744-9880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)