

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

DOCUMENT # P93000073884 (7)

1. Corporation Name

BAY AREA BASEBALL, INC.



Principal Place of Business

601 BAYSHORE BLVD
SUITE 700
TAMPA FL 33606

Mailing Address

P.O. BOX 5316
CLEARWATER FL 34618-5316

3. Date Incorporated or Qualified

10/25/1993

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

21 CLEARWATER AREA

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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30

4. FEI Number

59-3206889

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERIN MARTIN,
1540 GULF BLVD. #501
ULTIMAR TWO
CLEARWATER FL 34630

81 Name ERIN MARTIN

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

1118 HOMINY HILL DR.

83

84 City NEW PORT RICHEY

FL

85 Zip Code 34655

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

1. TITLE ☐ DELETE

P
NAME MARTIN, JOHN A
STREET ADDRESS 1540 GULF BLVD #501
CITY-STATE-ZIP CLEARWATER FL 34630

2. TITLE ☐ DELETE

S
NAME MARTIN, ERIN L
STREET ADDRESS 1540 GULF BLVD #501
CITY-STATE-ZIP CLEARWATER FL 34630

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

P
1. TITLE JOHN A MARTIN
2. NAME 1118 HOMINY HILL DR.
13. STREET ADDRESS NEW PORT RICHEY, FLA 34655
14. CITY-STATE-ZIP

☒ Change ☐ Addition

S
2. TITLE ERIN L MARTIN
22. NAME 1118 HOMINY HILL
23. STREET ADDRESS NEW PORT RICHEY, FLA 34655
24. CITY-STATE-ZIP

☐ Change ☐ Addition

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

☐ Change ☐ Addition

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

☐ Change ☐ Addition

6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

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: John Martin JOHN MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

(813) 372-7030

Date

Daytime Phone #

CR2E034 (12/95)