FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001488292
-05/16/95--01017--021
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P93000074626 (1)**

1. Corporation Name
BAY EQUITIES, INC.

Principal Place of Business	Mailing Address
5510 RIVER RD. SUITE 200C NEW PORT RICHEY FL 34652	P O BOX 1275 ELFERS FL 34690 US

3. Date Incorporated or Qualified: 10/27/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21: 7700 State Rd 52
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: Dade City, Fl.
City & State — 28:
Zip — 24: 33525
Country — 25: U.S.
Zip — 29:
Country — 30:

4. FEI Number: 59-3208901 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

DISBROW, GREGORY
5510 RIVER RD.
SUITE 200C
NEW PORT RICHEY FL 34680

10. Name and Address of New Registered Agent

81 Name: DISBROW, GREGORY
82 Street Address (P.O. Box Number is Not Acceptable): 7700 State Rd. 52
83:
84 City: DADE CITY FL 85 Zip Code: 33525

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: Gregg Disbrow — 5-01-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/T	☒ Change ☐ Addition
NAME	DISBROW, GREGORY	12 NAME	DISBROW GREGORY	
STREET ADDRESS	5510 RIVER RD., SUITE 200C	13 STREET ADDRESS	P.O. BOX 1275 N/A	
CITY-ST-ZIP	NEW PORT RICHEY FL 34680	14 CITY-ST-ZIP	ELFERS, FL 34680	
TITLE	D	21 TITLE	V/S	☒ Change ☐ Addition
NAME	DISBROW, KIMBERLY	22 NAME	DISBROW KIMBERLY	
STREET ADDRESS	P.O. BOX 1275 N/A	23 STREET ADDRESS	P.O. BOX 1275 N/A	
CITY-ST-ZIP	ELFERS FL 34680	24 CITY-ST-ZIP	ELFERS, FL 34680	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	T.S.	
CITY-ST-ZIP		64 CITY-ST-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: Gregg Disbrow Gregory Disbrow P/T 2-10-95 813-544-0031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481017 FP