

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000074626

1. Corporation Name

BAY EQUITIES, INC.

Principal Place of Business

7700 STATE RD. 52  
DADE CITY FL 33525

Mailing Address

P O BOX 1275  
ELFERS FL 34680  
US

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90007 013 \*\*\*150.00

03-17-1999 90007 014 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1993

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

8. This corporation owes the current year Intangible  
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

21 2305 WOODBEND CIRCLE

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 NEW PORT RICHEY FL

Zip

Country

24 34655

25 U.S.

City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

DISBROW, GREGORY  
7700 STATE RD. 52  
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name

Gregory Disbrow

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

2305 WOODBEND CIRCLE

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

TITLE PC ☐ DELETE  
NAME DISBROW, GREGORY  
STREET ADDRESS 2305 WOODBEND CIRCLE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VS ☐ DELETE  
NAME DISBROW, KIMBERLY  
STREET ADDRESS 2305 WOODBEND CIRCLE  
CITY-ST-ZIP NEW PORT RICHEY FL

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

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 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, with all other like empowered.

SIGNATURE:

*Gregory Disbrow* Gregory Disbrow  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 727-375-0400  
Date Daytime Phone #

CR2E034 (11/98)