

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

FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000077162 (4)

1. Corporation Name

BAYSIDE COMPUTING, INC.

Principal Place of Business

RT 2 169 BAYGROVE  
FREEPORT FL 32439

Mailing Address

RT 2 169 BAYGROVE  
FREEPORT FL 32439-4833

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

01/31/1996

4. FEI Number

59-3210284

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

BROWN, JOHN F  
RT 2 169 BAYGROVE  
FREEPORT FL 32439

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                   |                                            |
|-----------------|-------------------|--------------------------------------------|
| TITLE           | DPST              | <input type="checkbox"/> DELETE            |
| NAME            | BROWN, JOHN F     |                                            |
| STREET ADDRESS  | RT 2 169 BAYGROVE |                                            |
| CITY - ST - ZIP | FREEPORT FL       |                                            |
| TITLE           | DS                | <input checked="" type="checkbox"/> DELETE |
| NAME            | BROWN, MARGARET   |                                            |
| STREET ADDRESS  | RT 2 169 BAYGROVE |                                            |
| CITY - ST - ZIP | FREEPORT FL       |                                            |
| TITLE           |                   | <input type="checkbox"/> DELETE            |
| NAME            |                   |                                            |
| STREET ADDRESS  |                   |                                            |
| CITY - ST - ZIP |                   |                                            |
| TITLE           |                   | <input type="checkbox"/> DELETE            |
| NAME            |                   |                                            |
| STREET ADDRESS  |                   |                                            |
| CITY - ST - ZIP |                   |                                            |
| TITLE           |                   | <input type="checkbox"/> DELETE            |
| NAME            |                   |                                            |
| STREET ADDRESS  |                   |                                            |
| CITY - ST - ZIP |                   |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 (904) 835-2488

Date

Daytime Phone #

CR2E034 (9/96)