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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000010246 (4)

1. Corporation Name
BAYSIDE TITLE COMPANY, INC.

Principal Place of Business

3401 49TH STREET NORTH
ST PETERSBURG FL 33710

Mailing Address

ST PETERSBURG FL 33710



					3. Date Incorporated or Qualified 01/31/1994	3a. Date of 05/0	1/199	5
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number			pplied For
i		26			59-3224022			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	ate of Status Desired Sa.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
3	Country	Zip		ountry	8. This corporation has liability for it	ntangible tax u		
Zipi Tl	25 Codinity	29	30		Florida Statutes	⊠No		
4	9. Name and Address of Curre				10. Name and Address of New R	egistered Age	ent	
	9			81 Name				
DIGIECZI	KO CHARLES I			20 20 141	/B.O. Roy Number is Not Acceptab	(a)		
PISIECZKO, CHARLES J 3401 49TH STREET NORTH				82 Street Add	Idress (P.O. Box Number is Not Acceptable)			
	RSBURG FL 33710			83				
SIFLIE	LHODONG 1 E SON 10						7 7 in	Code
				84 City		FL!	B5 Zip	Code
familiar wit	th, and accept the obligations of, So	oction 607.0505, Florida Stati	utes.		ard of directors. I hereby accept the appo	DATE		
	Suprature Typed or printed name of registered agr	ent and lifte if applicable AND DIRECTORS		ered Agent signature requi	ADDITIONS/CHANGES TO OFF		RECTO	RS IN 12
12.	PD 0000000	DELETE		1 TITLE			Change	☐ Addition
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4. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.0 (5)(N), Folded Statutes, Individual 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 outry that I am an officer or director of the corporation of 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 any stachment with an address.

SIGNATURE:

AND THE OH PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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