

FILE NOW: FILING FEE AFTER MAY 15th IS \$550.00

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000016877 (0)**

1. Corporation Name

BYLANDS MANAGEMENT, CORP.



Principal Place of Business

**102 E. BROADWAY
EVERGLADES FL 33929**

Mailing Address

**102 E. BROADWAY
EVERGLADES FL 33929**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

4. FEI Number

65-0470889

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DRASITES, THOMAS E
202 DEL PRADO BLVD.
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81 Name

GEORGE P. LANGFORD

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

3351 TAMiami TRAIL NORTH

83

84 City

NAPLES

FL

85

Zip Code

34102

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 of the officer or director of the corporation and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/8/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **BOHARD, DAVID G**
STREET ADDRESS **305 ALLEN AVE.**
CITY-ST-ZIP **EVERGLADES CITY FL 33929**

TITLE ☒ DELETE
NAME **BRETON, DAVID A**
STREET ADDRESS **9740 DRIFTWOOD PKWY.**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **DAVID GEORGE**
1.3 STREET ADDRESS **102 E. BROADWAY**
1.4 CITY-ST-ZIP **EVERGLADES, FL 33929**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **MARGARET A. BENNETT**
2.3 STREET ADDRESS **102 E. BROADWAY**
2.4 CITY-ST-ZIP **EVERGLADES, FL 33929**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 officer 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 appointment with an address.

CR2E034 (10/97)