FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000025873 (8)**

1. Corporation Name

BAY HARBOR, INC.

Principal Place of Business	Mailing Address
RT 2 BOX 101 **FREEPORT FL 32439**	**RT 2 BOX 101** **FREEPORT FL 32439**

3. Date Incorporated or Qualified: **03/31/1994**	3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-3233862**	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PARIS, ALBERT E
RT 2 BOX 101
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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	PARIS, ALBERT E		12 NAME		
STREET ADDRESS	RT 2 BOX 101		13 STREET ADDRESS		
CITY-ST-ZIP	FREEPORT FL 32439		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	TEPPER, BEN S		22 NAME		
STREET ADDRESS	733 INDIAN TRAIL		23 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, LEROY JR		32 NAME		
STREET ADDRESS	240 GULFSHORE DR #233		33 STREET ADDRESS		
CITY-ST-ZIP	DESTON FL 32541		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BLACK, ROBERT L		42 NAME		
STREET ADDRESS	2806 OAK MOUNTAIN DR		43 STREET ADDRESS		
CITY-ST-ZIP	SAN ANGELO TX 76904		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	TAWES, GREGORY		52 NAME		
STREET ADDRESS	6455 E ISLAND LAKE RD		53 STREET ADDRESS		
CITY-ST-ZIP	EAST LANSING MI 48823		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
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)(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: Albert E Paris — Albert E Paris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96 — Date

904-835-4153 — Daytime Phone #

CR2E034 (12/95)