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FILED

May 09 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 # **P94000025873 (8)**

1. Corporation Name
BAY HARBOR, INC.

Principal Place of Business

**RT 2 BOX 101
FREEPORT FL 32439**

Mailing Address

**RT 2 BOX 101
FREEPORT FL 32439-9802**



3. Date Incorporated or Qualified

03/31/1994

3a. Date of Last Report

05/16/1996

4. FEI Number

59-3233862

Applied For

Not Applicable

2. Principal Place of Business

21 18374 U.S. Hwy 331 South

Suite, Apt. #, etc.

22

City & State

23 Freeport, FL

Zip

24 32439

Country

25 USA

2a. Mailing Address

26 18374 U.S. Hwy 331 South

Suite, Apt. #, etc.

27

City & State

28 Freeport, FL

Zip

29 32439

Country

30 USA

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

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

Paris, Albert E.

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

18374 U.S. Hwy 331 South

83

84 City

Freeport

FL

85 Zip Code

32439

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 type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME PARIS, ALBERT E
STREET ADDRESS RT 2 BOX 101
CITY-ST-ZIP FREEPORT FL 32439**

TITLE ☐ DELETE

**D
NAME TEPPER, BEN S
STREET ADDRESS 733 INDIAN TRAIL
CITY-ST-ZIP DESTIN FL 32541**

TITLE ☐ DELETE

**D
NAME SMITH, LEROY JR
STREET ADDRESS 240 GULFSHORE DR #233
CITY-ST-ZIP DESTON FL 32541**

TITLE ☐ DELETE

**D
NAME BLACK, ROBERT L
STREET ADDRESS 2808 OAK MOUNTAIN DR
CITY-ST-ZIP SAN ANGELO TX 76904**

TITLE ☐ DELETE

**D
NAME TAWES, GREGORY
STREET ADDRESS 6455 E ISLAND LAKE RD
CITY-ST-ZIP EAST LANSING MI 48823**

TITLE ☐ DELETE

**D
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**D
NAME PARIS, ALBERT E.
1.2 NAME
1.3 STREET ADDRESS 18374 U.S. Hwy 331 South
1.4 CITY-ST-ZIP Freeport, FL 32439**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

3.1 TITLE ☒ Change ☐ Addition

**D
NAME SMITH, LEROY JR
3.2 NAME
3.3 STREET ADDRESS 52 KENSINGTON LANE
3.4 CITY-ST-ZIP DESTIN, FL 32541**

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 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: *Albert E. Paris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 *901-835-4153*
Date Daytime Phone

CR2E034 (9/96)