FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:28

DOCUMENT # **P94000029524 (3)**

1. (Corporation Name)
BAYSIDE TRAVEL CORPORATION

Principal Place of Business	Mailing Address
100 EXECUTIVE WAY SUITE 108 PONTE VEDRA BEACH FL 32082	100 EXECUTIVE WAY SUITE 108 PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: ~~04/19/1994~~ 4/20/94
3a. Date of Last Report: N/A

2. Principal Place of Business
21
State, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 794 SANDPIPER LANE
State, Apt. #, etc.
27
City & State
28 PONTE VEDRA, FL
Zip / Country
29 32082 / 30 USA

4. FEI Number: 59-3236380 — ☐ 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

9. Name and Address of Current Registered Agent

MACDONALD, KEITH R
794 SANDPIPER LN
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name: MacDonald, Keith R
82 Street Address (P.O. Box Number is Not Acceptable): 100 EXECUTIVE WAY
83: SUITE 105
84 City: PONTE VEDRA BEACH FL 85 Zip Code: 32082

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: (Typed or Printed Name of Registered Agent) (Registered Agent Signature required for filing) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
10 TITLE 11 NAME 12 STREET ADDRESS 13 CITY ST ZIP	9 TITLE D ☐ Change ☑ Addition 10 NAME Dorothy H. MacDonald 11 STREET ADDRESS 794 SANDPIPER LANE 12 CITY ST ZIP PONTE VEDRA BEACH, FL 32082
20 TITLE 21 NAME 22 STREET ADDRESS 23 CITY ST ZIP	19 TITLE D ☐ Change ☑ Addition 20 NAME Keith R. MacDonald 21 STREET ADDRESS 794 SANDPIPER LANE 22 CITY ST ZIP PONTE VEDRA BEACH, FL 32082
30 TITLE 31 NAME 32 STREET ADDRESS 33 CITY ST ZIP	29 TITLE ☐ Change ☐ Addition 30 NAME 31 STREET ADDRESS 32 CITY ST ZIP
40 TITLE 41 NAME 42 STREET ADDRESS 43 CITY ST ZIP	39 TITLE ☐ Change ☐ Addition 40 NAME 41 STREET ADDRESS 42 CITY ST ZIP
50 TITLE 51 NAME 52 STREET ADDRESS 53 CITY ST ZIP	49 TITLE ☐ Change ☐ Addition 50 NAME 51 STREET ADDRESS 52 CITY ST ZIP
60 TITLE 61 NAME 62 STREET ADDRESS 63 CITY ST ZIP	59 TITLE ☐ Change ☐ Addition 60 NAME 61 STREET ADDRESS 62 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith R. MacDonald Dorothy H. MacDonald 1-10-95 904-285-9200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — Date — Daytime Phone #

0004707 CP