FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

180 WATER OAK DRIVE

PONTE VEDRA FL 32082

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

PONTE VEDRA BEACH FL 32082

100 EXECUTIVE WAY SUITE 108



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000029524 (3)

BAYSIDE TRAVEL CORPORATION

04/19/1994 2. Principal Place of Business 2a. Mailing Address Applied For 59-3236380 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intaggible Yes MZ No Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MACDONALD, KEITH R 100 EXECUTIVE WAY 82 Street Address (P.O. Box Number is Not Acceptable) **STE 108** 83 PONTE VEDRA BEACH FL 32082 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition ☐ DELETE Change TITLE 1.1 1011€ MACDONALD, DOROTHY H. 1.2 NAME NAME 180 WATER OAK DRIVE 1.3 STREET ADDRESS STREET ADDRESS PONTE VEDRA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 2 1 TITLE TITLE VTSD MACDONALD, KEITH R. 2.2 NAME NAME STREET ADDRESS **180 WATER OAK DRIVE** 2 3 STREET ADDRESS 32065 PONTE VEDRA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change Addition TITLE 4 1 TITLE

14. I hereby certify that the information supplied with this filing cloes 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 empewered 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 addition.

i

4 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELFTE

DELFTE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Vous Muciona

2-26-98

904-265-4200

Change

Change

Addition

Addition

FILED

Mar 06 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified