FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000036201 (9)

DOCUMENT # PS 1. Corporation Name BAY-BRO CORPORATION

Principal Place of Business Mailing Address

1002 SAVAGE COURT 1002 SAVAGE COURT

FILED Apr 30 1996 8:00 am Secretary of State



LONGWOOD FL 32758		LONGWOOD FL 32758					
					3. Date Incorporated or Qualified 05/13/1994	3a. Date of Last 05/01/	1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26 P.O. Box	6277	<u>ــ</u>	59-3247860		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Addition Fee Required		
City & State		City & State			6. Election Campaign Financing	_ \$5.	<b>00</b> May Be
City & State		28 LONGWOOD	. AL		Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability for	intangible tax under	s 199.032,
<u>-</u> -7'	25	29 3477/-62723	0 4	SA		<b>™</b> No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F		
			81	Name	BALKY RHY  dress (P.O. Box Number is Not Acceptate		
BALEY,	RAY		82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
	AVAGE COURT		"	108	EARLY PINE IN		
	VOOD FL 32758		83				
LONGIN	700D 1 L 32730		-			95	Zip Code
			84	1 Zm	GWOOD		12.77 <i>0</i>
	Castiana 607.06	02 and 607 1508 Florida Statutes	the above		evention authorite this statement for the DI	roose of changing it	ts registered offe
	ed agent, or both, in the State of Flo h, and accept the obligations of, Se		by the ¢or	ooration's DO	ard of directors. I hereby accept the app	OF INTO TO US TO GISTON	Jo ago III - I
IGNATURE	Signature typed or printed name of registered ag	ent and title if applicable. [NOTE	Registered Ag	nt signature requ	red when reinstating)	DATE	7000 1140
2.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 12
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AME	BALEY, RAYMOND J.		1.2 NAME	Ì	BALKY, RAYMON	) J.	
TREET ADDRESS	1324 FOXFORREST CIR		1.3 STRE	T ADDRESS	108 SAND PINCE LA		
	APOPKA FL		1,4 0117	ST-ZIP	LONGWOOD, FL.	3 2770	
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NAME.		DELETE	6.2 NAM	ie			
TILLE NAME STREET ADDRESS		_	6.2 NAM 6.3 STR	EET ADDRESS	fy for the exemption stated in Section 11		

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 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 certify 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 - 25-96 403-332-9445

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