

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:19

DOCUMENT # P94000067349 (8)

1. Corporation Name

BAY AREA SITE IMPROVEMENT COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**8704 JASMINE BLVD.
PORT RICHEY FL 34668**

Mailing Address

**8704 JASMINE BLVD.
PORT RICHEY FL 34668**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

ZIP

24

County

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

ZIP

29

County

30

4. FCI Number

59-3269746

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

10. Name and Address of New Registered Agent

**GONZALES, LARRY J
6645 RIDGE ROAD
PORT RICHEY FL 34668**

01 Name

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

03

04 City

FL

05 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

(Signature of Registered Agent, if Registered Agent is not a corporation)

(Signature of Registered Agent, if Registered Agent is a corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

01 NAME
02 STREET ADDRESS
03 CITY, ST, ZIP

04 NAME
05 STREET ADDRESS
06 CITY, ST, ZIP

07 NAME
08 STREET ADDRESS
09 CITY, ST, ZIP

10 NAME
11 STREET ADDRESS
12 CITY, ST, ZIP

13 NAME
14 STREET ADDRESS
15 CITY, ST, ZIP

16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP

D
FRAIZE, DONALD
8704 JASMINE BLVD.
PORT RICHEY FL 34668

D
LACEY, RONALD
8704 JASMINE BLVD.
PORT RICHEY FL 34668

01 NAME
02 STREET ADDRESS
03 CITY, ST, ZIP

04 NAME
05 STREET ADDRESS
06 CITY, ST, ZIP

07 NAME
08 STREET ADDRESS
09 CITY, ST, ZIP

10 NAME
11 STREET ADDRESS
12 CITY, ST, ZIP

13 NAME
14 STREET ADDRESS
15 CITY, ST, ZIP

16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 119.071(8)(b), 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 167, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Don Fraize, Jr.

President

3/28/95
(Date)

(813) 861-7802
(Telephone Number)