

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90129 016 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000081660

1. Corporation Name
BAYS TRUCKING, INC.



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| Principal Place of Business 735 NEW JERSEY ST. CLEARWATER FL 34616 | Mailing Address 3617 FREMANTLE DR PALM HARBOR FL 34684 US |
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DO NOT WRITE IN THIS SPACE

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|---|--|---|--|--|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 244 Miller Ct. | | 3. Date Incorporated or Qualified 11/07/1994 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-3281301 | |
| City & State 23 | | City & State 28 Elyria, OH | | Applied For Not Applicable | |
| Zip 24 33756 | | Zip 29 44035 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country 25 | | Country 30 USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|--|--|
| 9. Name and Address of Current Registered Agent BAYS, RONALD K 735 NEW JERSEY ST. CLEARWATER FL 34616 | | 10. Name and Address of New Registered Agent 81 Name Jack R. St. Arnold 82 Street Address (P.O. Box Number is Not Acceptable) 1370 Pinehurst Road 83 84 City Dunedin FL 85 Zip Code 34698 | |
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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.
Jack R. St. Arnold

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **23 Apr 99**

| | | | |
|---|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE DP | <input type="checkbox"/> DELETE | 1.1 TITLE DPST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BAYS, RONALD K | | 1.2 NAME Cathy S. Bays | |
| STREET ADDRESS 735 NEW JERSEY ST. | | 1.3 STREET ADDRESS 244 Miller Ct. | |
| CITY-ST-ZIP CLEARWATER FL 34616 | | 1.4 CITY-ST-ZIP Elyria, OH 44035 | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
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| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: *Cathy S. Bays* **Cathy S. Bays** 4/29/99 440-748-2171 WK.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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