FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000086283 (6)**

1. Corporation Name

CENTURY BAY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1915 N. DALE MABRY HWY SUITE 300 TAMPA FL 33607	1915 N. DALE MABRY HWY SUITE 300 TAMPA FL 33607

3. Date Incorporated or Qualified: **11/29/1994**	3a. Date of Last Report: **10/02/1995**
4. FEI Number: **APPLIED FOR 59-3340700**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

MCCARN, JAMES H.
1915 N. DALE MABRY HWY
SUITE 300
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1502, 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. The 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 617.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVS	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MCCARN, JAMES H		12 NAME	
STREET ADDRESS	1915 N. DALE MABRY HWY SUITE 300		13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		14 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MCCARN, JAMES H		22 NAME	
STREET ADDRESS	1915 N. DALE MABRY HWY SUITE 300		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		24 CITY-ST-ZIP	
TITLE	CMD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MCCARN, JAMES H		32 NAME	
STREET ADDRESS	1915 N. DALE MABRY HWY STE 300		33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, and does not contain, 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 added, above.

SIGNATURE: 4.3.96 (813)870-6173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES H. MCCARN

CR2E034 (12/95)