SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED
AND
FILED

97 JUL 24 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000088695 (9)**

1. Corporation Name
BAYSIDE INTERIORS, INC.

Principal Place of Business	Mailing Address
12290 EAGLE POINTE CIRCLE FORT MYERS FL 33913	12290 EAGLE POINTE CIRCLE FORT MYERS FL 33913

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 58-2148918 — ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 12220 TOWNE LK DR	26
Suite, Apt. #, etc. 22 5	Suite, Apt. #, etc. 27
City & State 23 FT. MYERS, FL	City & State 28
Zip 24 33913 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

BAKER, ANGIE
12290 EAGLE POINTE CIRCLE
FORT MYERS FL 33913

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 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUBER, EDWIN E III		1.2 NAME	500002250415--6
STREET ADDRESS	C/O 12290 EAGLE POINTE CIRCLE	RESIGNED	1.3 STREET ADDRESS	-07/29/97--01052--012
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANGELA BAKER		2.2 NAME	
STREET ADDRESS	12290 EAGLE POINTE CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

$7/28

CR2E034 (4/97)

14. I do 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.

SIGNATURE: [illegible] Angela Baker 7/21/97 (941) 561-5468