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PROFIT CORPORATION ANNUAL REPORT

1999

BAYSIDE INTERIORS, INC.



DOCUMENT # P94000088695

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90044 039 ***150.00

Principal Place of Business Mailing Address 12220 TOWNE LK DR 12220 TOWNE LK DR DO NOT WRITE IN THIS SPACE FORT MYERS FL 33913 FORT MYERS FL 33913 3. Date Incorporated or Qualifed 12/07/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 58-2148918 Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible 129 No. Personal Property Tax. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BAKER, ANGIE Street Address (P.O. Box Number is Not Acceptable) 12290 EAGLE POINTE CIRCLE FORT MYERS FL 33913 83 Zip Code 84 85 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETE ☐ Change 11 TITLE TITLE BAKER, ANGELA 1.2 NAME NAME 12290 EAGLE POINTE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP [] Change Addition DELETE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-8T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition 61 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 ess, with all other like empowered

SIGNATURE:

CITY-ST-ZIP

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