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FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000089287 (4)

1. Corporation Name  
BACAS, INC.

Principal Place of Business  
10 SOUTH ADAMS DRIVE  
STE. D-2  
SARASOTA FL 34236  
US

Mailing Address  
10 SOUTH ADAMS DRIVE  
STE. D-2  
SARASOTA FL 34236-1437  
US



3. Date Incorporated or Qualified  
12/08/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 4134 GULF OF MEXICO DR

Suite, Apt. #, etc.

22 302

City & State

23 LONGBOAT KEY, FLORIDA

Zip

24 34228

Country

25 U.S.A.

2a. Mailing Address

26 4134 GULF OF MEXICO DR

Suite, Apt. #, etc.

27 302

City & State

28 LONGBOAT KEY, FLORIDA

Zip

29 34228

Country

30 U.S.A.

4. FEI Number

65-0604802

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

MORGAN, HUGH

10 SOUTH ADAMS DRIVE

STE. D-2

SARASOTA FL 34236

HARBOR SQUARE

STE 302

4134 GULF OF MEXICO DR

LONGBOAT KEY, FL 34228

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

Signature, type or printed name of registered agent, and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	COLES, JASON D	HARBOR SQUARE
STREET ADDRESS	10 S. ADAMS DRIVE D-2 STE 302	4134 GULF OF MEXICO DR
CITY - ST - ZIP	SARASOTA FL	LONGBOAT KEY, FL 34228
TITLE	T	<input type="checkbox"/> DELETE
NAME	MORGAN, HUGH	HARBOR SQUARE
STREET ADDRESS	10 S. ADAMS DRIVE D-2 STE 302	4134 GULF OF MEXICO DR
CITY - ST - ZIP	SARASOTA FL	LONGBOAT KEY, FL 34228
TITLE	P	<input type="checkbox"/> DELETE
NAME	COLES, DEWICK M	HARBOR SQUARE
STREET ADDRESS	10 SOUTH ADAMS DRIVE D-2 STE 302	4134 GULF OF MEXICO DR
CITY - ST - ZIP	SARASOTA FL	LONGBOAT KEY, FL 34228
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 and changed, or on an attachment with an address.

SIGNATURE:

HUGH MORGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 10, 1997 (941) 387-0809

Date

Daytime Phone #

0426619

CR2E034 (9/96)