

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000091194 (8)

1. Corporation Name

BAYTREE OPERATIONS, INC.



Principal Place of Business

1550 RINGLING BLVD.
SARASOTA FL 34236

Mailing Address

1550 RINGLING BLVD.
SARASOTA FL 34236

2. Principal Place of Business

21 1450 59TH ST., W.

Suite, Apt. #, etc.

22 SUITE 101

City & State

23 BRADENTON, FL

Zip

24 34209

Country

25 MANATEE

2a. Mailing Address

26 1450 59TH ST., W.

Suite, Apt. #, etc.

27 SUITE 101

City & State

28 BRADENTON, FL

Zip

29 34209

Country

30 MANATEE

3. Date Incorporated or Qualified

12/16/1994

3a. Date of Last Report

03/07/1995

4. FFI Number

59-3291629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

TURNER, JAMES L
1550 RINGLING BLVD.
SARASOTA FL 34236

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CEOB
JONES, DAVID G
STREET ADDRESS
6411 46TH AVENUE NORTH
CITY-ST-ZIP
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME
P
KOLLAR, WILLIAM R
STREET ADDRESS
70 BAIF BLVD., STE. 610
CITY-ST-ZIP
RICHMOND HILL ONT. CA

TITLE ☐ DELETE

NAME
S
MITCHELL, URBAN G
STREET ADDRESS
221 WESTWOOD DRIVE
CITY-ST-ZIP
MARIETTA GA

TITLE ☐ DELETE

NAME
T
GRAHAM, JAMES E
STREET ADDRESS
848 GREYMONT CIRCLE
CITY-ST-ZIP
MARIETTA GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1450 59TH ST., W., SUITE 101
BRADENTON, FL 34209

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1450 59TH ST., W., SUITE 101
BRADENTON, FL 34209

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2840 WEST BAY DRIVE #110
BELLEAIR BLUFFS, FL 34640

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

2148 SADLER ROAD
AMELIA ISLAND, FL 32034

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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:

William R. Kollar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29/96
Date

(941) 792-7511
Daytime Phone #

CR2E034 (12/95)