

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000047187 (6)

1. Corporation Name

BAY AREA PROFESSIONAL SERVICE, INC.



Principal Place of Business

6 SALVIA COURT
HOMOSASSA FL 34446

Mailing Address

6 SALVIA COURT
HOMOSASSA FL 34446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1995

4. FEI Number

59-3317405

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 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

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONAHUE, MORTIMER J
2400 FEATHER SOUND DRIVE
#734
CLEARWATER FL 34622

81 Name

DONAHUE, MORTIMER J

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

6 Salvia CT

83

84

City HOMOSASSA

FL

85

Zip Code 34446

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

4/28/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME DONAHUE, MORTIMER J
STREET ADDRESS C/O 2400 FEATHER SOUND DRIVE, #734
CITY-ST-ZIP CLEARWATER FL 34622

☐ DELETE

1.1 TITLE PT
1.2 NAME Donahue, Mortimer J
1.3 STREET ADDRESS 6 Salvia CT
1.4 CITY-ST-ZIP HOMOSASSA FL 34446

☒ Change ☐ Addition

TITLE VS
NAME DONAHUE, JEAN T
STREET ADDRESS C/O 2400 FEATHER SOUND DRIVE, #734
CITY-ST-ZIP CLEARWATER FL 34622

☐ DELETE

2.1 TITLE VS
2.2 NAME Donahue, Jean T
2.3 STREET ADDRESS 6 Salvia CT
2.4 CITY-ST-ZIP HOMOSASSA FL 34446

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

CR2E034 (10/97)