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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000088370
1. Corporation Name
Silver Bay Enterprises Inc.

Principal Place of Business Mailing Address
~~300 Mosley Drive~~
~~Lynn Haven, FL 32444~~
1110 Jeffrey Street
Blountstown, Fla. 32424

2. Principal Place of Business 2a. Mailing Address
21 ~~300 Mosley Drive~~ 26 3775 1st St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 1110 Jeffrey St. 27
City & State City & State
23 Blountstown, Fla. 28 Sturgeon Lake, Mn.
Zip 32424 Zip 55783
Country USA Country USA

24 300 Mosley Drive 25
Suite, Apt. #, etc. Suite, Apt. #, etc.
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Country USA Country USA

3. Date Incorporated or Qualified 3a. Date of Last Report
11-17-95

4. FEI Number Applied For
59-3348472 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

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME Ray Drews 1.2 NAME
STREET ADDRESS 300 Mosley Dr 1110 Jeffrey St. 1.3 STREET ADDRESS
CITY-ST-ZIP Blountstown, Fla 32424

TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME 2.2 NAME
STREET ADDRESS 200002245582--6
CITY-ST-ZIP -07/23/97--01113--012
****165.00 ****165.00

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
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CITY-ST-ZIP 6.4 CITY-ST-ZIP

TITLE ☐ DELETE 7.1 TITLE ☐ Change ☐ Addition
NAME 7.2 NAME
STREET ADDRESS 7.3 STREET ADDRESS
CITY-ST-ZIP 7.4 CITY-ST-ZIP

TITLE ☐ DELETE 8.1 TITLE ☐ Change ☐ Addition
NAME 8.2 NAME
STREET ADDRESS 8.3 STREET ADDRESS
CITY-ST-ZIP 8.4 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 if changed, or on an attachment with an address.

SIGNATURE: X Ray Drews RAY DREWS 5/1/97 218-372-4068

CR2E034 (9/96)