


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90116 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000088370 1. Corporation Name SILVER BAY ENTERPRISES INC.			
Principal Place of Business 300 MOSLEY DRIVE LYN HAVEN FL 32444 US		Mailing Address 300 MOSLEY DRIVE LYN HAVEN FL 32444 US	
2. Principal Place of Business 21 1118 JEFFREY ST Suite, Apt. #, etc. 22		2a. Mailing Address 26 PO BOX 121 Suite, Apt. #, etc. 27 BLOUNTSTOWN, City & State 23 BLOUNTSTOWN, FL Zip Country 24 32424 25 USA 28 FLORIDA Zip Country 29 32462 30 USA	
3. Date Incorporated or Qualified 11/17/1995		4. FEI Number 59-3348472	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent CORPORATE AGENTS INC. 1201 HAYS ST TALLAHASSEE FL 32301-2525	
9. Name and Address of New Registered Agent 81 Name DREWS, RAY 82 Street Address (P.O. Box Number is Not Acceptable) 1118 JEFFREY ST 83 84 City BLOUNTSTOWN FL 85 Zip Code 32462		10. Name and Address of New Registered Agent 81 Name DREWS, RAY 82 Street Address (P.O. Box Number is Not Acceptable) 1118 JEFFREY ST 83 84 City BLOUNTSTOWN FL 85 Zip Code 32462	
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 <i>Corporate Agents Inc.</i> <i>David Bryan</i> <i>Ray Drews Inc.</i> 4/24/99 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 P <input type="checkbox"/> DELETE NAME DREWS, RAY STREET ADDRESS 1110 JEFFREY STREET STREET CITY-ST-ZIP BLOUNTSTOWN FL 32424		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12) 1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DREWS, RAY 1.3 STREET ADDRESS 1118 JEFFREY ST/P.O. Box 121 1.4 CITY-ST-ZIP BLOUNTSTOWN, FL 32424	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ray Drews Inc.
Ray Drews Inc.

4/9/99

674-9144

Date

Daytime Phone #