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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000094214 (0)

BAY AREA MARINE & AUTOMOTIVE, INC.

## **FILED** Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **5026 W INGRAHAM** 5026 W INGRAHAM TAMPA FL 33616 TAMPA FL 33616 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/<u>1995</u> 2a. Mailing Address Principal Place of Business Applied For 26 59-3352711 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 120 W HYDE PARK PL SUITE 120 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. □ DELETE Change Addition 1.1 TITLE TITLE ROBERTS, STEVE 12 NAME NAME **5026 W INGRAHAM** 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33616** 14 City-St-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE STD ROBERTS, MARGARET K 22 NAME NAME 3029 ASBURY PLACE 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33611 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 31 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - 7(P CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change TITLE DELETE. 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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:

8/3/831-5521