

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 # P96000045976 (3)

1. Corporation Name

BAY LENDING CORPORATION

Principal Place of Business

7500 4TH STREET NORTH, STE. A
ST. PETERSBURG FL 33702

Mailing Address

7500 4TH STREET NORTH, STE. A
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1996

2. Principal Place of Business

2a. Mailing Address

21 3900 1st Street No.

26 3900 1st Street No.

4. FEI Number

59-3384123

Applied For

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

22 City & State

23 St. Petersburg, FL

27 City & State

28 St. Petersburg, FL

24 Zip

33703

25 Country

Pinellas

29 Zip

33703

30 Country

Pinellas

9. Name and Address of Current Registered Agent

COCHRAN, MITCHELL H
1987 MONTANA AVENUE N.E.
ST. PETERSBURG FL 33703

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 P
NAME COCHRAN, MITCHELL H
STREET ADDRESS 1987 MONTANA AVENUE NE
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE V
NAME COCHRAN, REBECCA L
STREET ADDRESS 1987 MONTANA AVENUE NE
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE TS
NAME COCHRAN, GEORGE
STREET ADDRESS 8200 35TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/17/98

(813) 525-4561

CR2E034 (10/97)