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

FILED
Apr 30 1998 8:00 am
Secretary of State

TALLAHASSEE, FLORIDA

DOCUMENT # P96000048266 (6)

1. Corporation Name
BAYSHORE ASSET MANAGEMENT, INC.

Principal Place of Business
3016 US HWY 301 N
400
TAMPA FL 33619
US

Mailing Address
3016 US HWY 301 N
400
TAMPA FL 33619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1996

4. FEI Number: 59-3389708 — 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

2a. Principal Place of Business
21 9260 Bay Plaza Blvd
22 Suite, Apt. #, etc. #501
23 City & State: Tampa, Fl
24 Zip: 33619 25 Country: Hillsborough

2b. Mailing Address
26 9260 Bay Plaza Blvd
27 Suite, Apt. #, etc. #501
28 City & State: Tampa, Fl
29 Zip: 33619 30 Country: Hillsborough

9. Name and Address of Current Registered Agent
HODGES, GEOFFREY T
501 EAST KENNEDY BOULEVARD #1400
TAMPA FL 33602

10. Name and Address of New Registered Agent
B1 Name: Edgel C. Lester, Jr., Esquire
B2 Street Address (P.O. Box Number Is Not Acceptable): Carlton Fields
B3: One Harbour Place
B4 City: Tampa FL B5 Zip Code: 33602

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: Edgel [signature] (NOTE: Registered Agent signature required when reinstating) DATE: 4/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	LEWIS, JAMES C	1.2 NAME	Beth C, Lewis
STREET ADDRESS	4507 COUNTRY GATE CT	1.3 STREET ADDRESS	4507 Country Gate Ct.
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	Valrico, FL
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	4609 CLARKSDALE LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	800002518595--0
STREET ADDRESS		3.3 STREET ADDRESS	-05/06/98--01017--001
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	300002535063--5
STREET ADDRESS		4.3 STREET ADDRESS	-05/26/98--01055--001
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 any attachment with an address.

SIGNATURE: Beth C. Lewis (Beth Lewis) 4/23/98 813-621-8199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)

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