

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

FILED
Mar 19 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000076508 (6)

1. Corporation Name
BAH HOLDING CORPORATION

Principal Place of Business

3984 EXECUTIVE DRIVE
PALM HARBOR FL 34685

Mailing Address

3984 EXECUTIVE DRIVE
PALM HARBOR FL 34685-1024



3. Date Incorporated or Qualified

09/13/1986

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

HILLMAN, BETH A
3984 EXECUTIVE DRIVE
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81. Name

Beth A. Hines

82. Street Address (P.O. Box Number is Not Acceptable)

3984 Executive Dr

83.

84.

Palm Harbor

FL

85.

34685

11. Pursuant to the provisions of Sections 607.0102 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

Beth A. Hines, PRES

3-14-97

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

11. TITLE

D
HILLMAN, BETH A
3984 EXECUTIVE DRIVE
PALM HARBOR FL 34685

11. TITLE

D
HINES, BARRY A
3984 EXECUTIVE DRIVE
PALM HARBOR FL 34685

11. TITLE

D
HINES, BARRY A
3984 EXECUTIVE DRIVE
PALM HARBOR FL 34685

11. TITLE

D
HINES, BARRY A
3984 EXECUTIVE DRIVE
PALM HARBOR FL 34685

11. TITLE

D
HINES, BARRY A
3984 EXECUTIVE DRIVE
PALM HARBOR FL 34685

11. TITLE

D
HINES, BARRY A
3984 EXECUTIVE DRIVE
PALM HARBOR FL 34685

11. TITLE

D
Hines, Beth A

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2.1. TITLE

2.2. NAME

2.3. STREET ADDRESS

2.4. CITY - ST - ZIP

3.1. TITLE

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY - ST - ZIP

4.1. TITLE

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY - ST - ZIP

5.1. TITLE

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY - ST - ZIP

6.1. TITLE

6.2. NAME

6.3. STREET ADDRESS

6.4. 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 registered agent 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, changed, or on an attachment with an address.

SIGNATURE:

Beth A. Hines, PRES.

3-14-97

813-787-8380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)