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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000081773 (9)

BAY TRANSPORTATION UNLIMITED INC.

Principal Place of Business	Mailing Address		
610 1ST AVE NE LARGO FL 33770	P O BOX 509 LARGO FL 33779 US		
	U\$		

FILED Apr 01 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	1 1 111 12 112 113 113	4 LIBOLIA DE AINO GALLA ADRIA ADRIA ADRIA ADRIA ERLA ISCOLI ADRIA 16820 ESTI ADDI		
610 1ST AVE LARGO FL 337		P O BOX 509 LARGO FL 33779		DO NOT WRITE IN THIS SPACE		
		US		3. Date Incorporated or Qualified		
				09/30/1996		
2. Principal Pl	ace of Business	2a. Mailing Address	-\n\.	4. FEt Number Applied For		
21 2/07	HUDD STEERY	26 70 00	0X 10	59-3399971 Not Applicat		
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	Dotes IL	City & State	Jec 8	6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
24 25 25 C	97 25 County &	29 ES CX 987 3	Country	8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No		
	g, Name and Address of Cur	rent Registered Agent	81 Name-	10. Name and Address of New Registered Agent		
MUNHUE, ALPREUA						
	1ST AVE NE		82 Street	Address (P.O. Box Number is Not Acceptable)		
LAR	GO FL 33770		83	104 CONTHROOD 1010		
			84 City	Devision FL 85 Zip Code		
11. Pursuant t	to the provisions of Sections 607.6	0502 and 607.1508. Florida Statutes	the above-named	corporation submits this statement for the purpose of changing its register		
office or re	egistered agent, or both, in the St	ate of Florida, Such change was aut	thorized by the corp	poration's board of directors. I hereby accept the appointment as registered		
· ·	a familiar with and accept the or	ingations of, Section 807.0000 Horizon	ua otajules.	2/2-1/94		
SIGNATURE	Signature, typed or printed name of registered	Lagent and life if applicable (NOTE I	Registered Agent signature	e required whon reinstating) DATE		
12.	OFFICERS.	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addit		
NAME	MONROE, ALFREDA M		12 NAME	Dorsey Hilfreda S		
STREET ADDRESS	610 1ST AVE NE		1.3 STREET ADDRESS	3000 CK 21300 0 500		
CITY-ST-ZIP	LARGO FL 33770	Louist	1.4 CITY-ST-7/P	WebStee CL SOM Achange Addit		
TITLE	D	☐ DELETE	2 1 TITLE	Addit		
NAME	DORSEY, HERBERT JR.		2.2 NAME	2902 CR 736		
STREET ADDRESS	610 1ST AVE NE		2.3 STREET ADORESS	200000000000000000000000000000000000000		
CITY-ST-ZIP	LARGO FL 33770	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addit		
TITLE			3.2 NAME	Change room		
STREET ADDRESS			3.3 STREET ADORESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	Change Addit		
NAME		_	4.2 NÁME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	Change Addit		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE	Change Addit		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 chapted, or on an attachment with an address.