

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000068587**

1. Corporation Name
B.C. BY A.D., INC.

Principal Place of Business
**1000 N. TAMiami TRAIL, #503
NAPLES FL 34102**

Mailing Address
**1000 N. TAMiami TRAIL, #503
NAPLES FL 34102**

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90001 047 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/07/1997

4. FEI Number
65-0779455

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business
21 2400 TAMiami TRAIL N.

Suite, Apt. #, etc.
22 #303

City & State
23 NAPLES, FLORIDA

Zip Country
24 34103 25 U.S.A.

2a. Mailing Address
26 2400 TAMiami TRAIL N.

Suite, Apt. #, etc.
27 #303

City & State
28 NAPLES, FLORIDA

Zip Country
29 34103 30 U.S.A.

9. Name and Address of Current Registered Agent

**DAVIDSON, JIM
1000 N. TAMiami TRAIL, #503
NAPLES FL 34102**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2400 TAMiami TRAIL N. #303
83
84 City **NAPLES** **FL** 85 Zip Code **34103**

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 *Jim Davidson* **C.P.A.** **7/8/99**
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	DYSON, AMY	1000 N. TAMiami TRAIL, #503	NAPLES FL 34102	<input type="checkbox"/>
ST	BAKER, DAN	1000 N. TAMiami TRAIL, #503	NAPLES FL 34102	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2400 TAMiami TRAIL N. #303	NAPLES, FLORIDA 34103	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>
		2400 TAMiami TRAIL N. #303	NAPLES, FLORIDA 34103	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>

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: *Dan Baker* **DAN-BAKER**
Signature, typed or printed name of signing officer or director

CR2E034 (5/99)