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 #

P97000085041 (6)

BAYTEC SERVICES, INC.

Principal Place of Business

Mailing Address

14711 CARNATION DRIVE

14711 CARNATION DRIVE

FILED May 01 1998 8:00am Secretary of State



TAMPA FL 336	513	TAMPA FL 33613	FL 33613			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						10/01/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number	Ar	pplied For	
21 14902 N. Florida Ade 26 SAMC				L		39-3476502	No.	ot Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	•	Additional equired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23 TAM	DA FL	28				Trust Fund Contribution	•	to Fees	
Zip Country Zip			Country			8. This corporation owes or has paid the curre	ent year In	tangible	
24 <i>334</i>	13 25	29	30			Personal Property Tax due June 30.	Yes [□No	
	9. Name and Address of Current	Registered Agent		81		10. Name and Address of New Registered A	gent		
GOODWIN, JAMES W					Name				
111 E MADISON ST STE 2300				82	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33602									
				83					
	r			84	City		85 Zip	Code	
	1			\bigsqcup		FL.			
11. Pursuant to the provisions of Soctions 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 chligations of, Section 607.0505, Florida Statutes.									
SIGNATURE ,	UAMES W. BO	Odvin				4/27	1/98		
	Signature, typed or poilled name of registered a junit			d Ager	it signature re	quired when reinstating) DATE			
12.	OFFICERS AND	DELETE DELETE	13.	17.6		ADDITIONS/CHANGES TO OFFICERS AND	Change	RS IN 12	
NAME	MABRY, GAIL			1.1 TITLE 1.2 NAME		·	Change		
	14711 CARNATION DRIVE				ADORESS				
STREET ADDRESS	\$44.00 F) 484.40								
CITY-ST-ZIP TITLE	VD	DELETE	2.1 TI	TY-ST	- 211		Change	Addition	
NAME	ROGERS, LILIANA		2.2 N/			•			
STREET ADDRESS	14711 CARNATION DRIVE				ADDRESS				
CITY-ST-ZIP	TAMPA FL 33613			2.4 CITY-ST-ZIP					
TITLE	S DELETE			3.1 TITLE			Change	Addition	
NAME	ROGERS, DAN		3.2 N/		1		-		
STREET ADDRESS	A AMARA MARA MARA A MARA MARA MARA MARA		3.3 S	3.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33613			3.4. CITY-ST-ZIP					
TITLE			4.1 1)				Change	Addition	
NAME	MABRY, GARY		4.2 N	4.2 NAME					
STREET ADDRESS	14711 CARNATION DRIVE		4.3 S	TREET A	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33613		4.4 CI	TY-\$1	- ZIP				
TITLE	4	DELETE	5 1 TITLE				Change	Addition	
NAME			52 N/	AME	1				
STREET ADDRESS	9		5.3 ST	FREET A	ADDRESS				
CITY-ST-ZIP	5.6		5.4 CI	TY-ST	-ZIP				
TITLE	☐ DELETE 61		61 TI	1 TITLE			Change	Addition	
NAME			62 N/	AME					
STREET ADDRESS			63 S1	TREET A	ADDRESS				
CITY-ST-ZIP			6 4 CI	64 CITY-ST-ZIP					
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	or the exe	empti	ion stated	in Section 119.07(3)(i), Florida Statutes. I further cert	ify 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 configuration or the receiver or trusted 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.									