

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                                                                                                                                 |                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b>                                                  |                                                                                                                                    |
| <b>DOCUMENT #</b> <span style="font-size: 1.5em;">P97000089114</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                 |                                                                                                                                    |
| <b>1. Corporation Name</b><br><b>Bay Construction and Development Corporation of Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                                                                                                                                 |                                                                                                                                    |
| <b>Principal Place of Business</b><br>1 Florida Park Drive<br>Suite 350<br>Palm Coast, Fl. 32137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               | <b>Mailing Address</b><br>1 Florida Park Drive<br>Suite 350<br>Palm Coast, Fl. 32137                                                                                            |                                                                                                                                    |
| <b>2. Principal Place of Business</b><br>21 <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               | <b>2a. Mailing Address</b><br>26 <input type="text"/>                                                                                                                           |                                                                                                                                    |
| Suite, Apt. #, etc.<br>22 <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | Suite, Apt. #, etc.<br>27 <input type="text"/>                                                                                                                                  |                                                                                                                                    |
| City & State<br>23 <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | City & State<br>28 <input type="text"/>                                                                                                                                         |                                                                                                                                    |
| Zip<br>24 <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country<br>25 <input type="text"/>                                            | Zip<br>29 <input type="text"/>                                                                                                                                                  | Country<br>30 <input type="text"/>                                                                                                 |
| <b>3. Date Incorporated or Qualified</b><br>11/15/97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               | <b>3a. Date of Last Report</b><br>11/15/97                                                                                                                                      |                                                                                                                                    |
| <b>4. FEI Number</b><br>06-1500705                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                                                                                                                   |                                                                                                                                    |
| <b>5. Certificate of Status Desired</b><br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | <b>6. Election Campaign Financing</b><br><input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                   |                                                                                                                                    |
| <b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                                                                                                 |                                                                                                                                    |
| <b>9. Name and Address of Current Registered Agent</b><br>Corporation Services Company<br>1201 Hays Street<br>Tallahassee, Fl 32301-2525                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               | <b>10. Name and Address of New Registered Agent</b><br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 <input type="text"/><br>84 City<br>FL 85 Zip Code |                                                                                                                                    |
| <b>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.</b>                                                                                                                                                                     |                                                                               |                                                                                                                                                                                 |                                                                                                                                    |
| <b>SIGNATURE</b> _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                                                                                                 |                                                                                                                                    |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                 |                                                                                                                                    |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | President<br>Kaan, Valerie<br>1 Florida Park Drive<br>Palm Coast, Fl. 32137   | <input type="checkbox"/> DELETE                                                                                                                                                 | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b><br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Director<br>Piatt, Doug<br>1 Florida Park Drive<br>Palm Coast, Fl. 32137      | <input type="checkbox"/> DELETE                                                                                                                                                 | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP                                                                 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Director<br>Harkins, William<br>1 Florida Park Drive<br>Palm Coast, Fl. 32137 | <input type="checkbox"/> DELETE                                                                                                                                                 | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP                                                                 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> DELETE                                               | <input type="checkbox"/> DELETE                                                                                                                                                 | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP                                                                 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> DELETE                                               | <input type="checkbox"/> DELETE                                                                                                                                                 | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP                                                                 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> DELETE                                               | <input type="checkbox"/> DELETE                                                                                                                                                 | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP                                                                 |
| <b>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 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.</b> |                                                                               | <b>SIGNATURE:</b> <span style="font-size: 1.2em;">Valerie Kaan</span>                                                                                                           |                                                                                                                                    |

CR2E034 (3/96)

10000246 ☐ Change ☐ Addition  
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3/12/98 904 446 8100