

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90008 001 ***150.00

DOCUMENT # P98000051140

1. Corporation Name

BAY BRICK & BORDER INC.



Principal Place of Business

4524 SOUTH COOPER PLACE
TAMPA FL 33601

Mailing Address

4524 SOUTH COOPER PLACE
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

59-3516388

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 Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 120 S. CHURCH ST.

2a. Mailing Address

26 120 S. CHURCH ST

Suite, Apt. #, etc.

22 Apt 107

Suite, Apt. #, etc.

27 Apt 107

City & State

23 TAMPA FL

City & State

28 TAMPA FL

Zip

24 33609

Country

25 HILLSBOROUGH

Zip

29 33609

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

BOWLES, WILLIAM B JR.
501 EAST KENNEDY BOULEVARD
SUITE 1400
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

STEVEN R. GROOM

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

120 S. CHURCH ST

83

APT # 107

84 City

TAMPA

FL

85

Zip Code

33609

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

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 D
NAME GROOM, STEVEN R
STREET ADDRESS 4524 SOUTH COOPER PLACE
CITY-ST-ZIP TAMPA FL 33601 ☐ DELETE

TITLE D
NAME BOWLES, AIMEE C
STREET ADDRESS 4524 SOUTH COOPER PLACE
CITY-ST-ZIP TAMPA FL 33601 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 120 S. CHURCH ST APT # 107
1.4 CITY-ST-ZIP TAMPA FL 33609

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)