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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000070083

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90102 050 ***150.00

FIDELITY	BAY CORPORATION										
Principal Place	e of Business	Mai	iling Address	***				IRI ub iik bur			
2623 CRESTFIELD DRIVE VALRICO FL 33594 2623 CRESTFIELD DRIVE VALRICO FL 33594					DO NOT WRITE IN THIS SPACE						
							3. Date Incorporated or Qua 08/07/1998	ifed			
a Balandard Of	(Mailing Address				4, FEI Number		- 1	Anni	ied For
2. Principal Pi	lace of Business	2a. 26	Mailing Address				65-0858	-63	- H		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired				1	
City & State	<u> </u>		City & State				6. Election Campaign Finance	ing	\$5.0	00 м	fay Be
23	•	28					Trust Fund Contribution	a 🗆			Fees
Zip	Country		Zip	Cou	intry	.,	8. This corporation owes the	current ye	ear Intangible		
24	25	29		30			Personal Property Tax.		☐ Yes	}	No
	9. Name and Address of Curr	ent Regist	ered Agent				10. Name and Address of N	ew Regis	tered Agent		
004	. n. 1/E/E/1				81	Name			,		Į
	, B. KEITH				82	Street Add	ress (P.O. Box Number is Not Ac	ceptable)			
2623 CRESTFIELD DRIVE VALRICO FL 33594							<u> </u>				
VALI	11CU FL 33394				83			•			1
					84	City	1,47		FL 85 Z	Zip Co	ode
agent. I a	registered agent, or both, in the Stat m familiar with, and accept the obli	gations of,	Section 607.0505, FI	orida Stati	utes.						
SIGNATURE	Signature, typed or printed name of registered a			E: Registered	i Ageni	t signature require	ed when reinstating)		ATE.		
12.	OFFICERS /		CTORS	E: Registered		t signature requin	ed when reinstating) ADDITIONS/CHANGES TO		RS AND DIREC		
12 .	OFFICERS A			E: Registered	TLE	t signature require	····				RS IN 12
12. TITLE NAME	PSTD COX, B. KEITH		CTORS	E: Registered 13. 1.1 TI 1.2 N	TLE AME		····		RS AND DIREC		
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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.