

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90153 040 ***158.75

DOCUMENT # P98000081342

1. Corporation Name

BAY TO BAY HARDWOOD, INC.

Principal Place of Business

8505 HEPP ST.
TAMPA FL 33615

Mailing Address

8505 HEPP ST.
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1998

FEI Number

65-0886842

☒ 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

21 906 Crenshaw Lake Rd.

Suite, Apt. #, etc.

22 Lutz, FL.

City & State

23

Zip

24 33549

Country

25 U.S.A

2a. Mailing Address

26 906 Crenshaw Lake Rd.

Suite, Apt. #, etc.

27 Lutz, FL.

City & State

28

Zip

29 33549

Country

30 U.S.A

9. Name and Address of Current Registered Agent

KILPATRICK, TERRY C
8505 HEPP ST.
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name Kilpatrick, Terry C.

82 Street Address (P.O. Box Number is Not Acceptable)
906 Crenshaw Lake Rd.

83

84 City

Lutz

FL

85 Zip Code

33549

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 ☐ DELETE

NAME P
KILPATRICK, TERRY C
STREET ADDRESS 8505 HEPP ST.
CITY-ST-ZIP TAMPA FL 33615

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

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 Kilpatrick, Terry C.
1.3 STREET ADDRESS 906 Crenshaw Lake Rd.
1.4 CITY-ST-ZIP Lutz, FL. 33549-6109

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 #

813-886-1775
813-948-4628

CR2E034 (1/1/98)