

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 27, 1999 8:00 am
Secretary of State

02-27-1999 90024 026 ***150.00

DOCUMENT # P98000087447

1. Corporation Name

BAY AREA BUSINESS, INC.

Principal Place of Business

2790 SUNSET POINT ROAD
CLEARWATER FL 33759

Mailing Address

2790 SUNSET POINT ROAD
CLEARWATER FL 33759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1998

4. FEI Number

59-3539418

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

21 934 Patricia Ave.

Suite, Apt. #, etc.

2a. Mailing Address

26 934 Patricia Ave.

Suite, Apt. #, etc.

22 City & State

23 Dunedin, FL 34689

Zip Country

27 City & State

28 Dunedin, FL 34689

Zip Country

24 34689

25 U.S.A.

29 34689

30 U.S.A.

9. Name and Address of Current Registered Agent

SHEAR, ROBERT L
2790 SUNSET POINT ROAD
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME SHEAR, ROBERT L
STREET ADDRESS 2790 SUNSET POINT ROAD
CITY-ST-ZIP CLEARWATER FL 33759

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 Ken Schumann, Jr. President
1.3 STREET ADDRESS 4664 ILEX CT
1.4 CITY-ST-ZIP PALM HARBOR FL 34685

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Felicia Cohen, Vice President
2.3 STREET ADDRESS 4664 ILEX CT
2.4 CITY-ST-ZIP PALM HARBOR FL 34685

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Mary Beamer, Secretary/Treasurer
3.3 STREET ADDRESS 4700 ILEX CT
3.4 CITY-ST-ZIP PALM HARBOR FL 34685

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Terry Beamer, Director
4.3 STREET ADDRESS 4700 ILEX CT
4.4 CITY-ST-ZIP PALM HARBOR FL 34685

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 REQUIRED

DIRECTOR

Date

1/18/99

Daytime Phone #

727-849-0100

727-937-8229

CR2E034 (11/98)