

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90022 042 ***150.00

DOCUMENT # P99000001979

1. Entity Name
BAYCO INDUSTRIES, INC.



Principal Place of Business
**3565 HIGHWAY 17 SOUTH
ZOLFO SPRINGS, FL 33890 US**

Mailing Address
**POST OFFICE BOX 676
ZOLFO SPRINGS, FL 33890-0676 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0886471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BAY, WILLIAM FRED III
3565 HIGHWAY 17 SOUTH
ZOLFO SPRINGS, FL 33890**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William Fred Bay III President William Fred Bay III 1-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing.
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCM
NAME	BAY, WILLIAM F III
STREET ADDRESS	P O BOX 676
CITY-ST-ZIP	ZOLFO SPRINGS, FL 338900676

TITLE	VTSD
NAME	BAY, LYNN J
STREET ADDRESS	PO BOX 676
CITY-ST-ZIP	ZOLFO SPRINGS, FL 338900676

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Fred Bay III William Fred Bay III 1-7-04 941-628-2641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #