FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S01300 (0)

1. Corporation Name
BAYWAY GROUP, INC.

Principal Place of Business
C/O 2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

Mailing Address
BAYWAY GROUP INC
19165 RIDGELINE CT.
STRONGSVILLE OH 44136
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1990
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3032217 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RINI, WILLIAM
405 PINELLAS BAYWAY UNIT 102
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name: RINI WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable): 4 BAHIA CIR TRL.
83
84 City: OCALA FL 85 Zip Code: 34472

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: WILLIAM J RINI PRES — William J Rini — JAN 15, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	RINI, WILLIAM J.	1.2 NAME	
STREET ADDRESS	19165 RIDGELINE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STRONGSVILLE OH	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, GREGORY	2.2 NAME	
STREET ADDRESS	618 BRUSH GROVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	AURORA, ONT, CANADA	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	STD ☒ Change ☐ Addition
NAME	WHITT, TROY C.	3.2 NAME	WHITT, TROY C.
STREET ADDRESS	405 PINELLAS BAYWAY UNIT 102	3.3 STREET ADDRESS	4 BAHIA CIR TRL
CITY-ST-ZIP	TIERRA VERDE FL	3.4 CITY-ST-ZIP	OCALA FL. 34472
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: William J Rini WILLIAM J RINI PRES 1-15-95 (216) 238-9010
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0466381 FP