

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 10 PM 12: 52

DOCUMENT # **S55295** (7)

1. Corporation Name  
**BAYBRIDGE ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**1000 N. ASHLEY DRIVE SUITE 105 TAMPA FL 33602 US** **P.O. BOX 3456 TAMPA FL 33601-3456 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/24/1991** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business 2a. Mailing Address  
**21 201 N. FRANKLIN ST.** **26 P.O. BOX 3438**

4. FEI Number **59-3067627** Applied For  Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 SUITE 2350** **27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
**23 TAMPA, FL** **28 TAMPA, FL**

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

Zip Country Zip Country  
**24 33602** **25 USA** **29 33601-3438** **30 USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN CYRIL C JR**  
**1000 N ASHLEY DR STE 620**  
**TAMPA FL 33602**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**201 N. FRANKLIN ST.**  
B3 **SUITE 2350**  
B4 City **TAMPA** FL B5 Zip Code **33602**

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 607.005, Florida Statutes.

SIGNATURE *Cyril C. Morgan, Jr.* **PRESIDENT** DATE **3/6/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MORGAN, CYRIL C JR
STREET ADDRESS	1000 N ASHLEY DR STE - 620
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>201 N. FRANKLIN ST., SUITE 2350</b>
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33602</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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, checked, if in an attachment with an original.

SIGNATURE: *Cyril C. Morgan, Jr.* **CYRIL C. MORGAN, JR** 3/6/95 (813) 225-1544