

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 23 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **S55295** (7)
 1. Corporation Name
BAYBRIDGE ASSOCIATES, INC.



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| Principal Place of Business 201 N FRANKLIN ST STE 2350 TAMPA FL 33602 US | Mailing Address PO BOX 3438 TAMPA FL 33601-3438 US |
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|--|---------------------------|---|--|
| 2. Principal Place of Business 21 600 N. WESTSHORE | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 05/24/1991 | 3a. Date of Last Report 03/05/1996 |
| Suite, Apt. #, etc. 22 SUITE 502 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-3067627 | Applied For Not Applicable |
| City & State 23 TAMPA, FL | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 33609 | Country 25 USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 29 | Country 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**MORGAN CYRIL C JR
 201 N FRANKLIN ST
 STE 2350
 TAMPA FL 33602**

10. Name and Address of New Registered Agent
 81 Name **CYRIL C. MORGAN, JR.**
 82 Street Address (P.O. Box Number is Not Acceptable)
128 ADRIATIC AVE
 83
 84 City **TAMPA** FL 85 Zip Code **33606**

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 *Cyril C. Morgan, Jr.* **PRESIDENT CYRIL C. MORGAN, JR** **4/17/97**
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 PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MORGAN, CYRIL C JR | | 1.2 NAME | |
| STREET ADDRESS 201 N FRANKLIN ST STE 2350 | | 1.3 STREET ADDRESS | 128 ADRIATIC AVE |
| CITY-ST-ZIP TAMPA FL | | 1.4 CITY-ST-ZIP | TAMPA, FL 33606 |
| TITLE VP | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RHEINHART, MARK D | | 2.2 NAME | |
| STREET ADDRESS 201 N FRANKLIN ST STE 2350 | | 2.3 STREET ADDRESS | 785 BROOK FOREST |
| CITY-ST-ZIP TAMPA FL | | 2.4 CITY-ST-ZIP | APOPKA, FL 32712 |
| TITLE VP | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CMPBELL, CRAIG S | | 3.2 NAME | |
| STREET ADDRESS 201 N FRANKLIN ST STE 2350 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 or changed, or on an attachment with an address **PRESIDENT**

SIGNATURE: *Cyril C. Morgan, Jr.* **CYRIL C. MORGAN JR.** **4/17/97** (813) 288-8100

CR2E034 (9/96)