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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S55549**

(7)

1. Corporation Name

BAY FINANCIAL SERVICES, INC.



Principal Place of Business

**17757 U.S. HWY 19 N
STE. 400
CLEARWATER FL 34624
US**

Mailing Address

**17757 U.S. HWY. 19 N.
STE. 400
CLEARWATER FL 34624
US**

3. Date Incorporated or Qualified
05/28/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOWERS, WILLIS B.
13923 ICOT BLVD.
SUITE 803
CLEARWATER FL 34620**

81 Name

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

17757 U.S. Hwy 19 North, Suite 400

83

84

City
Clearwater

FL

85

Zip Code
34624

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 to whom applicable

(Print) Registered Agent signature and address when not applicable

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D CLAVEAU, J. GEORGE
STREET ADDRESS
8381 OLD COURTHOUSE ROAD
CITY-ST-ZIP
VIENNA VA

TITLE ☐ DELETE

NAME
D HOARTY, THOMAS M.
STREET ADDRESS
8381 OLD COURTHOUSE ROAD
CITY-ST-ZIP
VIENNA VA

TITLE ☐ DELETE

NAME
D SOWERS, WILLIS B.
STREET ADDRESS
13923 ICOT BOULEVARD, SUITE #803
CITY-ST-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(3)(k), 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 with my signature and an attachment with an address.

SIGNATURE:

Thomas M. Harty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96
Date

703-883-9622
Telephone Number

CR2E034 (12/95)