

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S55549** (7)  
1. Corporation Name  
**BAY FINANCIAL SERVICES, INC.**

Principal Place of Business <b>17757 U.S. HWY 19 N. STE. 400 CLEARWATER FL 34624 US</b>	Mailing Address <b>17757 U.S. HWY. 19 N. STE. 400 CLEARWATER FL 34624 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>		3. Date Incorporated or Qualified <b>05/28/1991</b>	3a. Date of Last Report <b>04/30/1996</b>
		4. FEI Number <b>54-1656435</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SOWERS, WILLIS B. 17757 US HWY 19 NORTH SUITE 400 CLEARWATER FL 34624</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
	<b>D</b>	<b>CLAVEAU, J. GEORGE</b>	<b>8381 OLD COURTHOUSE ROAD VIENNA VA</b>	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>D</b>	<b>HOARTY, THOMAS M.</b>	<b>8381 OLD COURTHOUSE ROAD VIENNA VA</b>	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>D</b>	<b>SOWERS, WILLIS B.</b>	<b>17757 US HWY 19 NORTH STE. 400 CLEARWATER FL</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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 if changed, or on an attached sheet with an address.

SIGNATURE \_\_\_\_\_ SECRETARY REQUIRED \_\_\_\_\_ 8/11/97

CR2E034 (4/97)