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55 MAY 26 PM 3:59

STOCKS AND BONDS
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Montanari
Secretary of State
OFFICE OF CORPORATIONS

DOCUMENT # S 94667

To: Corporation Name

BAYSIDE PROPERTIES INC.

200001498682

Previous Name and Business (PREVIOUS)

Previous Address (PREVIOUS)

1148 S.MCCALL RD

1148 S.MCCALL RD

SUITE 2

SUITE 2

ENGLEWOOD, FL 34223

ENGLEWOOD, FL 34223

(Do Not Write in This Space)

3. Date of Report (Required)

11/15/91

3a. Date of Last Report

1994

4. FEI Number

65-0297644

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. The corporation has liability for intangible tax under § 199.032,
Florida Statutes.

☐ Yes

☒ No

2. Principal Place of Business

21 350 S INDIANA AVE

2a. Mailing Address

26 350 S INDIANA AVE

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23 ENGLEWOOD, FL

28 ENGLEWOOD, FL

ZIP

Country

ZIP

Country

24 34223

25 USA

29 34223

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMAREE, WILLIAM M.
350 S INDIANA AVE
ENGLEWOOD, FL #000

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1104, 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 607.0105, Florida Statutes.

SIGNATURE

William M. Demaree

William M. Demaree

5-23-95

12. OFFICERS AND DIRECTORS

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY, ST, ZIP
DIRECTOR/PRESIDENT
DEMAREE, WILLIAM
5405 DAVID BLVD
PORT CHARLOTTE, FL 33981

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY, ST, ZIP
DIRECTOR/VICE-PRESIDENT
BROWN, RUTH
125 ENGLEWOOD HEIGHTS RD
ENGLEWOOD, FL 34223

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY, ST, ZIP
DIRECTOR/TREASURER
DAMEWOOD, KATHY
10446 WATERFORD AVE
ENGLEWOOD, FL 34224

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY, ST, ZIP
DIRECTOR/SECRETARY
ATCHISON, THOMAS L.
27 BUNKER RD
ROTONDA, FL 34224

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY, ST, ZIP
DIRECTOR
JARVIS, CAROLYN
1455 CREST DR
ENGLEWOOD, FL 34223

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct 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 of this report or on an attachment with an address.

SIGNATURE:

Kathy E. Demaree
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/95

813-475-1311

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086



RECEIVED

95 MAY 24 PM 3-23

DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 604667 154171A

AUTHORIZATION : *Patricia Pigatto*

COST LIMIT : \$ 225.00

ORDER DATE : May 24, 1995

ORDER TIME : 2:41 PM

ORDER NO. : 604667

CUSTOMER NO: 154171A

CUSTOMER: Ms. Kathleen Damewood
Re/max Bayside Properties, Inc
350 South Indiana Avenue

Englewood, FL 34223

ANNUAL REPORT FILING

NAME: BAYSIDE PROPERTIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned

EXAMINER'S INITIALS: SSS