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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S94667

1. Corporation Name

BAYSIDE PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1991

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. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

350 S. INDIANA AVE.
ENGLEWOOD FL 34223

350 S. INDIANA AVE.
ENGLEWOOD FL 34223

22. Suite, Apt. #, etc.
City & State

27. Suite, Apt. #, etc.
City & State

23. Zip Country
24. 25.

28. Zip Country
29. 30.

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 34223

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 607.0502 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 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 DT
NAME DAMEWOOD, KATHY E.
STREET ADDRESS 10446 WATERFORD
CITY-ST-ZIP ENGLEWOOD FL 34224

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME DEMAREE, WILLIAM M.
STREET ADDRESS 5405 DAVID BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DD
NAME BROWN, RUTH T.
STREET ADDRESS 125 ENGLEWOOD HEIGHTS RD
CITY-ST-ZIP ENGLEWOOD FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ATCHISON, THOMAS
STREET ADDRESS 27 BUNKER RD.
CITY-ST-ZIP ROTONDA WEST FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DS
NAME JARVIS, CAROLYN
STREET ADDRESS 1455 E. CREST DR.
CITY-ST-ZIP ENGLEWOOD FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 attachment with an address, with all other like empowered.

SIGNATURE:

Kathy Damewood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)