## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION** ANNUAL REPORT

1. Corporation Name



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

1996 **DOCUMENT #** 

(9)

BAY AREA MANAGEMENT, INC.

**FILED** Mar 19, 1996 08:00 AM **Secretary of State** 



5201 GULF BLVD ST PETERSBURG FL 33706  83  R4 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation's box 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.  NAME  VALLEE, JERRY E.  STREET ADDRESS CITY-ST-ZIP  TITLE  VSD  DELETE  1.4 CITY-ST-ZIP  TITLE  NAME  VALLEE, CAROL B.  DELETE  2.1 TITLE  VALLEE, CAROL B.	rd of directors. I hereby accept the appointment as registered agent. I am ,
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  30  9, Name and Address of Current Registered Agent  VALLEE, JERRY E.  5201 GULF BLVD  ST PETERSBURG FL 33706  81  Name  VALLEE, JERRY E.  Street Add  B4 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpus or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bod familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and tale if applicable.  NOTE: Registered Agent signature, required tale in the interpretation of the state of Florida. Such change was authorized by the corporation's bod familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tale if applicable.  NOTE: Registered Agent signature, required the interpretation of the provision of the corporation of the corporation of the provision of the corporation of the provision of the corporation of the provision of the corporation	59-3104677  Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent  ress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  ration submits this statement for the purpose of changing its registered office rid of directors. I hereby accept the appointment as registered agent. I am
Suite, Apt. #, etc.    Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional Fee Required  6. Election Campaign Financing S5.00 May Be Added to Fees  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes S2 Yes No  10. Name and Address of New Registered Agent  ress (P.O. Box Number is Not Acceptable)    FL   85   Zip Code
City & State  23  Zip  Country  Zip  Country  Zip  Country  30  9. Name and Address of Current Registered Agent  VALLEE, JERRY E.  5201 GULF BLVD  ST PETERSBURG FL 33706  81  Name  Name  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corpus or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bod 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 agrature requints  (NOTE: Registered Agent agrature requints)  12. OFFICERS AND DIRECTORS  13.  TITLE  PTD  DELETE  1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VSD  DELETE  2. 1 TITLE  NAME  VALLEE, CAROL B.  DELETE  2. 1 TITLE  2. 1 TITLE  DELETE  2. 1 TITLE  VALLEE, CAROL B.	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent  ress (P.O. Box Number is Not Acceptable)  Fig. 85 Zip Code  ration submits this statement for the purpose of changing its registered office rid of directors. I hereby accept the appointment as registered agent. I am
Zip Country  25	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes
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VALLEE, JERRY E.  5201 GULF BLVD ST PETERSBURG FL 33706  83  R4 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bost 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.  NAME  VALLEE, JERRY E.  STREET ADDRESS CITY-ST-ZIP  TITLE  VSD  DELETE  1.4 CITY-ST-ZIP  TITLE  VALLEE, CAROL B.  12. NAME  13. STREET ADDRESS CITY-ST-ZIP  DELETE  2.1 TITLE  VALLEE, CAROL B.	ration submits this statement for the purpose of changing its registered office rd of directors. I hereby accept the appointment as registered agent. I am
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Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent agrature required to the property of the	
TITLE	
NAME         VALLEE, JERRY E,         1.2 NAME           STREET ADDRESS         7970 24 AVE N         1.3 STREET ADDRESS           CHY-ST-ZIP         1.4 CHY-ST-ZIP           TITLE         VSD         DELETE         2.1 TITLE           NAME         VALLEE, CAROL B.         22 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TREET ADDRESS   TPOTO 24 AVE N   1.3 STREET ADDRESS   ST PETERSBURG FL   1.4 CITY - ST - ZIP   TITLE   VSD   DELETE   2.1 TITLE   VALLEE, CAROL B.   2.2 NAME	Change Addition
ST PETERSBURG FL   1.4 CITY - ST - ZIP	
TITLE VSD DELETE 2.1 TITLE  NAME VALLEE, CAROL B. 22 NAME	
NAME VALLEE, CAROL B. 22 NAME	
14 1112	Change Addition
STREET ADDRESS 7970 24 AVE N 2.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3. STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-ST-ZIP	En al Philippin
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP	D 05 D 1486
TITLE DELETE 5 1 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	Change ( Addition
TITLE DELETE 6 1 TITLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify certify that the information indicated of this annual report or supplemental annual report is true and accurant: that I am an official or director of the corporation or the receiver or trustee empowered to execute the	

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)-367-3086