


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90003 019 ***150.00

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|---|--|---|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # V11802 | | | | | |
| 1. Corporation Name BAY RESTAURANT MANAGEMENT, INC. | | | | | |
| Principal Place of Business 3103-A SAN RAFAEL TAMPA FL 33629 US | | | Mailing Address 3103-A SAN RAFAEL ***** TAMPA FL 33629 US | | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 02/05/1992 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-3105972 | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 29 | | Zip 30 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent TURNER, WILLIAM E. 3103 A SAN RAFAEL TAMPA FL 33629 | | | 10. Name and Address of New Registered Agent | | |
| | | | 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 | | | | | |
| 1.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 1.2 NAME TURNER, WILLIAM E. | | | | | |
| 1.3 STREET ADDRESS 3204 SAN MIGUEL STREET | | | | | |
| 1.4 CITY-ST-ZIP TAMPA FL | | | | | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 2.2 NAME WHITTAKER, THOMAS M. | | | | | |
| 2.3 STREET ADDRESS 11426 ZENITH CIRCLE | | | | | |
| 2.4 CITY-ST-ZIP TAMPA FL | | | | | |
| 3.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |



DO NOT WRITE IN THIS SPACE

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:

William E. Turner **WILLIAM E. TURNER** 2/18/99 770 569 5439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)