FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 25 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V24108** **(5)**

1. Corporation Name
BAY TRADE CORPORATION

Principal Place of Business	Mailing Address
501 S FALKENBURG RD D-20 TAMPA FL 33619	501 S. FALKENBURG RD. SUITE D-20 TAMPA FL 33619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3115397	☐ 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

2. Principal Place of Business	2a. Mailing Address
21 501 S. Falkenburg Rd.	26 501 S. Falkenburg Rd.
Suite, Apt. #, etc. 22 Suite E-16	Suite, Apt. #, etc. 27 Suite E-16
City & State 23 Tampa, FL 33619	City & State 28 Tampa, FL
Zip / 24 — Country / 25 USA	Zip / 29 33619 — Country / 30 USA

7. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HORTON, CORRINE A
909 TARAWOOD LN
VALRICO FL 33594

10. Name and Address of New Registered Agent

91 Name: James T. Horton
92 Street Address (P.O. Box Number is Not Acceptable): 501 S. Falkenburg Rd. E-16
93 Tampa, FL 33619
94 City: FL — 95 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: James T. Horton President — 4/21/95
Signature(s) and 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	P	11 TITLE	XX Change ☐ Addition
NAME	HORTON, CORRINE A	12 NAME	James T. Horton
STREET ADDRESS	909 TARAWOOD LN	13 STREET ADDRESS	501 S. Falkenburg Rd. E=16
CITY-ST-ZIP	VALRICO FL	14 CITY-ST-ZIP	Tampa, FL 33619
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James Horton — James Horton — 4/21/95 — 813 654-9098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0200742 CP