

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V24108** (5)  
1. Corporation Name  
**BAY TRADE CORPORATION**



Principal Place of Business  
**501 S FALKENBRUG ROAD  
E-16  
TAMPA FL 33619  
US**

Mailing Address  
**501 S FALKENBRUG ROAD  
E-16  
TAMPA FL 33619  
US**

3. Date Incorporated or Qualified  
**03/25/1992**

3a. Date of Last Report  
**04/25/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 **5410 BORAN PLACE**  
Suite, Apt. #, etc.  
22  
City & State  
23 **TAMPA, FL**  
Zip Country  
24 **33610 US**

2a. Mailing Address  
26 **5410 BORAN PLACE**  
Suite, Apt. #, etc.  
27  
City & State  
28 **TAMPA, FL**  
Zip Country  
29 **33610 US**

9. Name and Address of Current Registered Agent

**HORTON, JAMES T  
501 S FALKENBURG ROAD  
E-16  
TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name  
**HORTON, JAMES T**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5410 BORAN PLACE**

83

84 City  
**TAMPA**

85 Zip Code  
**FL 33610**

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, as title, if applicable. (If title: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS             | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|-----------------|----------------------------|-----------------|---------------------------------|
| P     | HORTON, JAMES T | 501 S FALKENBURG ROAD E-16 | TAMPA FL        |                                 |
|       |                 |                            |                 | <input type="checkbox"/> DELETE |
|       |                 |                            |                 | <input type="checkbox"/> DELETE |
|       |                 |                            |                 | <input type="checkbox"/> DELETE |
|       |                 |                            |                 | <input type="checkbox"/> DELETE |
|       |                 |                            |                 | <input type="checkbox"/> DELETE |

13.

| 1. TITLE  | 2. NAME         | 3. STREET ADDRESS | 4. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|-----------------|-------------------|--------------------|---|
| PRESIDENT | HORTON, JAMES T | 5410 BORAN PLACE  | TAMPA, FL 33610    |   |
|           |                 |                   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|           |                 |                   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|           |                 |                   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|           |                 |                   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|           |                 |                   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

Date

813 626 0235

Display & Phone #

CR2E034 (12/95)