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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V54983

1. Corporation Name

BAYLE & BROWN, INC.

Principal	Place	of	Business
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Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90079 047 ***150.00



Principal Place	e of Business	Maining A	uuress								
12719 N FLORI	DA AVE	12719 N F	LORIDA AVE								
TAMPA FL 3361	12	TAMPA FL	33612				DO NOT MINITE		CD4CE		
l							DO NOT WRITE	N IHIS	SPACE		
							3. Date Incorporated or Qualifed				
							08/04/1992	_	 _	 _	
Principal Place of Business 2a. Mailing Address					4. FEI Number			Applied For			
21					00 0 10 10 12				ble		
- Suite, Apt.	#, etc	Suite.	Apt. #, etc	.	-		5. Certifcate of Status Desired = -[]		5 Additional	l [.
22		27				<u> </u>				Required	
City & State	e · .	City &	State				6. Election Campaign Financing	1		30 May Be	ł
23		28					Trust Fund Contribution		Add	ed to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the current	year Inta		—	ĺ	
24	25	29		10	,		Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curren	t Registered A	Agent				10. Name and Address of New Reg	stered /	Agent		
200	Land Bliffs &				81	Name					
	WN, NINA S.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			\dashv
	99 WELLESFORD WY				1			<u></u>			
TAM	PA FL 33624				83						
						0			ne 7	ip Code	
					84	City		FL			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	8, Florida Statutes	s, the a	bove	-named corpo	pration submits this statement for the pur n's board of directors. I hereby accept the	pose of o	changing	its registere	ed }
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section	<u>n 60</u> 7.0505, Florid	da Stati	utes.	ne corporatio	ins board of directors. Thereby decept to	e appon	unom ac	rrogiotoroa	
SIGNATURE											
SIGNATORE	Signature, typed or printed same of registered ager	it and title if applicab	le. (NOTE: F	Registered	i Agent	signature required		DATE			
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN			
TITLE	DP		DELETE	1.1 717	TLE				Chan	ge □ Add	nom
NAME	BAYLE, CHUCK			1.2 NA	AME						} :
STREET ADDRESS	30 MONTE CRISTO			1.3 ST	TREET	ADDRESS					
CITY-ST-ZIP	TIERRA VERDE FL			1,4 CF	Π <u>Υ-ST-</u>	-ZIP					`
TTLE	DST		☐ DELETE	2.1 1	TLE				Chan	ge □Add	lition '
NAME	BROWN, NINA S			22 N	AME	ĺ					
STREET ADDRESS	13909 WELLESFORD WY										
CITY-ST-ZIP	·-:::			2.3 ST	TREET	ADDRESS					
TITLE	TAMPA FL				TREET /						
	TAMPA FL		☐ DELETE		ITY-ST		· · · · · · · · · · · · · · · · · · ·		☐ Chan	ge	dition
NAME	TAMPA FL		☐ DELETE	2.4 C	TLE		· · · · · · · · · · · · · · · · · · ·		☐ Chan	ge 🗌 Add	dition
NAME STREET ADDRESS	TAMPA FL		☐ DELETE	2.4 Cl 3.1 Tl 3.2 N/	TLE AME	r-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Chan	ge ∏ Ado	dition
STREET ADDRESS	TAMPA FL		☐ DELETE	2.4 Cl 3.1 TT 3.2 N/ 3.3 ST	TLE AME	ADDRESS	· · · · · · · · · · · · · · · · · · ·		Chan	ge □ Add	dition
STREET ADDRESS CITY-ST-ZIP	TAMPA FL		☐ DELETE	2.4 CI 3.1 TT 3.2 N/ 3.3 ST 3.4. C	TLE AME TREET /	ADDRESS			☐ Chan		
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14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 rue 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR