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

CORPORATION ANNUAL REPORT

BAY CITY CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

V61487 DOCUMENT #

**FILED** 

Secretary of State

May 01 1996 8:00 am

Principal Place of Business Mailing Address 8130 66TH ST NORTH 8130 66TH ST NORTH SUITE 12 SUITE 12 PINELLAS PARK FL 34665 PINELLAS PARK FL 34665 3a. Date of Last Report 3. Date Incorporated or Qualified 09/03/1992 08/24/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3142338 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s 199.032 Country Zip 🏠 Yes 🔲 No 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ZIMRING, LISA Street Address (P.O. Box Number is Not Acceptable) 82 8130 66TH STREET NORTH 83 #12 PINELLAS PARK FL 34665 Zip Code 84 City 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes (NOTE Progistried Agent agreement ecountd when necessaring) DATE

Signature, typed or printed have of registered agost and him it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE ☐ Change ☐ Addition 1.1100.5 TITLE ZIMRING, DEVIN 1.2 NAM8 NAME 2135 13TH AVENUE NORTH 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 14 CITY ST-ZIP CITY-ST-7IP Change Addition DELETE 2 1 Hite THILE 2.2 NAME NAME STREET ADDRESS 2.3 STRELT ADDRESS 24 CITY -ST-ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CiTY SI ZP CITY-ST-ZIP Change ncitibbA DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY - ST-ZIP Addition Change T] DELETE 5 1 7111.6 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZiP CITY - ST - ZIP Change nc-tibbA 🔲 DELETE 6 1 TITLE T TLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS. 6.4 CITY - ST - ZIP 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)(k). 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address appears in Block 12 or

SIGNATURE:

DOINZMANG 4/26/56 8/3545.8448

CR2E034 (12/95)