

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 # V66517 (6)

1. Corporation Name
BAY INN, INC.



Principal Place of Business

Mailing Address

~~860 PARK SHORE DR
SUITE 203
NAPLES FL 33940
US~~

~~850 PARK SHORE DR
SUITE 203
NAPLES FL 33940
US~~

2. Principal Place of Business

2a. Mailing Address

21 800 VANDERBILT BEACH RD
Suite Apt. #, etc.

26 800 VANDERBILT BEACH RD
Suite Apt. #, etc.

22 City & State
Naples, F

27 City & State
Naples, FL

23 Zip
33963

28 Zip
33963

24 ~~LONGE, PATRICK J.
850 PARK SHORE DR
SUITE 203
NAPLES FL 33940~~

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/25/1992

3a. Date of Last Report
06/01/1995

4. FEI Number
65-0374004

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 607.1508, Florida Statutes.

SIGNATURE: *Philip J. McCabe* PHILIP J. McCABE, President, Secretary 1-23-96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ DELETE
LONGE, PATRICK J.
850 PARK SHORE DR SUITE-203
NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE
D
McCABE, PHILLIP J.
850 PARK SHORE DR SUITE-203
NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE
Vice President, Treasurer, Director
Mehanie Sever
146 Shore Dr,
Ogden Dunes, IN 46368

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

President, Secretary, Director
800 VANDERBILT BEACH RD
NAPLES, FL 33963

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 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 in changed or on an attachment with an address.

SIGNATURE: *Philip J. McCabe* PHILIP J. McCABE, President, Director, 1-23-96
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)