FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731837 (1)

1. Corporation Name

BAY POINT STUDIO VILLAS III ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BAY POINT BOX 9068 PANAMA CITY FL 32417-9068	BAY POINT BOX 9068 PANAMA CITY FL 32417-9068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1975
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1799289 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

ALLRED, ALICE JOHNSON.
278 BAY POINT
PANAMA CITY FL 32411

10. Name and Address of New Registered Agent

81 Name: Ward, Rusty
82 Street Address (P.O. Box Number is Not Acceptable): Bay Point
83: Panama City, FL 32411
84 City: FL 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLRED, ALICE	1.2 NAME	
STREET ADDRESS	7 PARK PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	HANAHAN, LABRUCE	2.2 NAME	D HANAHAN, LABRUCE
STREET ADDRESS	1601 W. MAIN ST	2.3 STREET ADDRESS	1601 W Main Street
CITY-ST-ZIP	DOTHAN AL	2.4 CITY-ST-ZIP	Dothan, AL
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	WARD, RUSTY	3.2 NAME	PD Ward, Rusty
STREET ADDRESS	BAY POINT	3.3 STREET ADDRESS	Bay Point
CITY-ST-ZIP	PANAMA CITY, FL 00000	3.4 CITY-ST-ZIP	Panama City, FL
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	STONER, BOB	4.2 NAME	
STREET ADDRESS	BAY POINT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	VD Carroll, Frank
STREET ADDRESS		5.3 STREET ADDRESS	Bay Point
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Panama City, FL
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000716