

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

FILED

35 MAR 10 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742940** (0)
1. Corporation Name
BAY POINT FACILITIES, INC.

200001428122
-03/13/95--01059--023
***130.00 ***130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
632 BAY POINT BLVD MILTON FL 32583 **632 BAY POINT BLVD MILTON FL 32583**

3. Date Incorporated or Qualified **05/22/1978** 3a. Date of Last Report **05/13/1994**
4. FEI Number **59-1964725** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BROWN, JOE E.
633 BAY POINT BLVD
MILTON FL 32583

10. Name and Address of New Registered Agent
81 Name **LESTER MORGAN**
82 Street Address (P.O. Box Number is Not Acceptable) **623 BAY POINT BLVD**
83
84 City **MILTON** FL 85 Zip Code **32583**

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 Lester E. Morgan (NOTE: Registered Agent Signature required when reinstating) Lester E. Morgan DATE 2-24-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, JOE E.
STREET ADDRESS	633 BAY POINT BLVD
CITY- ST- ZIP	MILTON FL
TITLE	VD
NAME	RAWLS, BILL
STREET ADDRESS	1010 W. 9 MILE RD.
CITY- ST- ZIP	PENSACOLA FL 32534
TITLE	TD
NAME	ARKINSON SR., E.W.
STREET ADDRESS	635 BAY POINT BLVD.
CITY- ST- ZIP	MILTON FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORGAN, LESTER	
1.3 STREET ADDRESS	623 BAY POINT BLVD	
1.4 CITY- ST- ZIP	MILTON, FL 32583	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RIESBERG, ROBERT	
2.3 STREET ADDRESS	625 BAY POINT BLVD	
2.4 CITY- ST- ZIP	MILTON, FL 32583	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DORIS ENGBERG	
3.3 STREET ADDRESS	1878 LODGEROLE DRIVE	
3.4 CITY- ST- ZIP	MILTON, FL 32583	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 017, Florida Statutes; and that my name does not qualify for the exemption stated in Section 119.037(3)(A), Florida Statutes.

SIGNATURE Lester E. Morgan Lester E. Morgan DATE 2-24-95