

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 21 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765030 (2)
1. Corporation Name
MARTIN BAYOU MANAGEMENT CORPORATION

Principal Place of Business Mailing Address
**4620 N. LAKEWOOD DR.
PANAMA CITY FL 32404
US** **4620 N LAKEWOOD DR
PANAMA CITY FL 32404
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/15/1982** 3a. Date of Last Report **08/02/1994**
4. FEI Number **06-0416470** 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**FAUCHEUX, PATRICK J.
845 JENKS AVE.
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCOFIELD, RAYMOND
STREET ADDRESS	6508 LAKE DR.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	VD
NAME	SMITH, MICHAEL
STREET ADDRESS	842 NILES DR.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	SD
NAME	ST. MARTIN, HENRI
STREET ADDRESS	7508 SARA LANE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	TD
NAME	RADCLIFF, ROBERT
STREET ADDRESS	902 JOAN LANE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D
NAME	SIDNEY, KENNETH
STREET ADDRESS	521 SOUTH STAR AVE.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D
NAME	BAUBLIS, JOSEPH
STREET ADDRESS	2018 SHAMROCK LANE
CITY-ST-ZIP	LYNN HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond Scofield PD 23 MAR 1995 871 2785
DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAYMOND SCOFIELD - PRESIDENT