

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765030 (2)

1. Corporation Name
MARTIN BAYOU MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
**4820 N. LAKEWOOD DR.
PANAMA CITY FL 32404
US** **4820 N LAKEWOOD DR
PANAMA CITY FL 32404
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
09/15/1982 **04/21/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		06-0416470		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip	Country	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

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCOFIELD, RAYMOND <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	6506 LAKE DR.	1.2 NAME	SMITH, MICHAEL
STREET ADDRESS	PANAMA CITY FL	1.3 STREET ADDRESS	842 NILES DR
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PANAMA CITY FL 32404
TITLE	VD SMITH, MICHAEL <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	842 NILES DR.	2.2 NAME	ALICK, JAMES
STREET ADDRESS	PANAMA CITY FL	2.3 STREET ADDRESS	4504 MISTY LANE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LYNN HAVEN FL 3265-9385
TITLE	SD ST. MARTIN, HENRI <input type="checkbox"/> DELETE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	7509 SARA LANE	3.2 NAME	
STREET ADDRESS	PANAMA CITY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD RADCLIFF, ROBERT <input type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	902 JOAN LANE	4.2 NAME	
STREET ADDRESS	PANAMA CITY FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SIDNEY, KENNETH <input type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	521 SOUTH STAR AVE.	5.2 NAME	
STREET ADDRESS	PANAMA CITY FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BAUBLIS, JOSEPH <input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2018 SHAMROCK LANE	6.2 NAME	
STREET ADDRESS	LYNN HAVEN FL	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)(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: *Robert Radcliff* **ROBERT RADCLIFF** 1/29/96 904-286-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)