


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # K81001 (5)
1. Corporation Name
BAY AIRCRAFT OWNERS, INC.



Principal Place of Business 520 NORTH MACARTHUR AVE PANAMA CITY FL 32401	Mailing Address 520 NORTH MACARTHUR AVE PANAMA CITY FL 32401
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 218 WOODLAWN DRIVE		2a. Mailing Address 26 218 WOODLAWN DRIVE		3. Date Incorporated or Qualified 04/12/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2995773	
22		27		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 PANAMA CITY BEACH, FL		28 PANAMA CITY BEACH, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32407	25 BAY	29 32407	30 BAY	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRUCE, WILLIAM GREGORY 520 N. MACARTHUR AVENUE PANAMA CITY FL 32401				10. Name and Address of New Registered Agent			
81 Name BROWN, JOSEPH M.				82 Street Address (P.O. Box Number is Not Acceptable) 218 WOODLAWN DRIVE			
83				84 City PANAMA CITY BEACH, FL			
				85 Zip Code 32407			

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 *Joseph M. Brown* **JOSEPH M. BROWN DS** **98-03-03**
Signature typed, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	WALKER, RON 1000 JACKSON WAY PANAMA CITY FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DIRECTOR & TREASURER
NAME			1.2 NAME NEAL, J. W.
STREET ADDRESS			1.3 STREET ADDRESS 4122 MARLIN STREET
CITY-ST-ZIP			1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408
TITLE SD	BROWN, JOSEPH M. 218 WOODLAWN DR. PANAMA CITY FL	<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE TD	BRUCE, WILLIAM GREGORY 520 N. MACARTHUR AVE. PANAMA CITY FL	<input type="checkbox"/> DELETE	3.1 TITLE DIRECTOR & V
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE PD	SAINT JOHN-BROWN, TONY 1449 JENKS AVE. PANAMA CITY FL	<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE D	BRIGMAN, M.P. P.O. BOX 26/ NA LYNN HAVEN FL	<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph M. Brown* **JOSEPH M. BROWN** **98-03-03 (850) 234-4079**

CR2E034 (10/97)