

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90033 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K81001
 1. Corporation Name
BAY AIRCRAFT OWNERS, INC.



Principal Place of Business 218 WOODLAWN DRIVE PANAMA CITY BEACH FL 32407 US	Mailing Address 218 WOODLAND DRIVE PANAMA CITY BEACH FL 32407 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 04/12/1989	Applied For Not Applicable
4. FEI Number 59-2995773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BROWN, JOSEPH M.
 218 WOODLAWN DRIVE
 PANAMA CITY BEACH FL 32407

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: *Joseph M. Brown* **JOSEPH M. BROWN** 99-01-06
Signature typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DT <input type="checkbox"/> DELETE
NAME	NEAL, J.W.
STREET ADDRESS	4122 MARLINS TREET
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	SD <input type="checkbox"/> DELETE
NAME	BROWN, JOSEPH M.
STREET ADDRESS	218 WOODLAWN DR.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	BRUCE, WILLIAM GREGORY
STREET ADDRESS	520 N. MACARTHUR AVE.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SAINT JOHN-BROWN, TONY
STREET ADDRESS	1449 JENKS AVE.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRIGMAN, M.P.
STREET ADDRESS	P.O. BOX 26/ NA
CITY-ST-ZIP	LYNN HAVEN FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4122 MARLIN STREET
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	PANAMA CITY BEACH, FL 32407
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	LYNN HAVEN, FL 32449
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 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, with all other like empowered.

SIGNATURE: *Joseph M. Brown* **JOSEPH M. BROWN** 99-01-06 850-234-4879

CR2E034 (1/198)