

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002021 (0)
 1. Corporation Name
BAY AICE PARENTS, INC.



Principal Place of Business 1200 HARRISON AVE. PANAMA CITY FL 32401	Mailing Address 1200 HARRISON AVE. PANAMA CITY FL 32401
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3. Date Incorporated or Qualified
04/09/1997

4. FEI Number Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MCCAULEY, CARROLL L
36 OAK 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 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	<input type="checkbox"/> DELETE	1.1 TITLE	XXXXXXXXXX P-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Porter Thrower
STREET ADDRESS		1.3 STREET ADDRESS	1413 Deer Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	XXXXXXXXXX VP-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Greg Presser
STREET ADDRESS		2.3 STREET ADDRESS	706 Bunkers Cove Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	XXXXXXXXXX T-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Russell M. Jinks
STREET ADDRESS		3.3 STREET ADDRESS	108 Fox Ridge Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	XXXXXXXXXX S-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Cynthia Hazard
STREET ADDRESS		4.3 STREET ADDRESS	1137 Grace Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Russell M. Jinks* **Russell M JINKS** 3/6/98 850-785-6808

CR2E037 (10/97)