

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000021622 (2)

1. Corporation Name

BAY BREEZE PICTURES, INC.

Principal Place of Business

PROMENADE MALL, UNIT 8C1
8317 W. ALT 98
PANAMA CITY BEACH FL 32407

Mailing Address

PROMENADE MALL, UNIT 8C1
8317 W. ALT 98
PANAMA CITY BEACH FL 32407



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

JONES, MICHAEL T
PROMENADE MALL, UNIT 8C1
8317 W. ALT 98
PANAMA CITY BEACH FL 32407

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/16/1995

3a. Date of Last Report

4. FEI Number

59-3320803

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

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

Signature (typed or printed name of officer, director, or shareholder)

Signature (typed or printed name of registered agent or shareholder)

Date

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

JONES, RUFUS R

STREET ADDRESS

P.O. BOX 18274

CITY - ST - ZIP

PANAMA CITY BEACH FL 32417

TITLE

DST

☐ DELETE

NAME

JONES, MICHAEL T

STREET ADDRESS

890 BANNERMAN ROAD

CITY - ST - ZIP

TALLAHASSEE FL 32312

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DP

☐ Change ☐ Addition

1.2 NAME

Jones, Rufus R

1.3 STREET ADDRESS

3643 Courtney Dr.

1.4 CITY - ST - ZIP

Panama City Beach FL 32407

2.1 TITLE

DST

☒ Change ☐ Addition

2.2 NAME

Mr Jones, Michael T

2.3 STREET ADDRESS

P.O. Box 9746 1386 W New Dr.

2.4 CITY - ST - ZIP

Panama City Beach FL 32413

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

300001908413

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***225.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Michael Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-96 (409) 830-0506

Date: Day/Month/Year

CR2E034 (12/95)