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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAR 10 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742940 (0)

1. Corporation Name

BAY POINT FACILITIES, INC.

200001428122
-03/13/95--01059--023
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
632 BAY POINT BLVD MILTON FL 32583	632 BAY POINT BLVD MILTON FL 32583

3. Date Incorporated or Qualified: 05/22/1978
3a. Date of Last Report: 05/13/1994
4. FEI Number: 59-1964725 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BROWN, JOE E.
633 BAY POINT BLVD
MILTON FL 32583

10. Name and Address of New Registered Agent

81 Name: LESTER MORGAN
82 Street Address (P.O. Box Number is Not Acceptable): 623 BAY POINT BLVD
83
84 City: MILTON FL 85 Zip Code: 32583

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: X Lester F. Morgan — Lester F Morgan — 2-24-95
Signature, typed or 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	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BROWN, JOE E.	1.2 NAME	MORGAN, LESTER	
STREET ADDRESS	633 BAY POINT BLVD	1.3 STREET ADDRESS	623 BAY POINT BLVD	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	MILTON, FL 32583	
TITLE	VD	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	RAWLS, BILL	2.2 NAME	RIESBERG, ROBERT	
STREET ADDRESS	1010 W. 9 MILE RD.	2.3 STREET ADDRESS	625 BAY POINT BLVD	
CITY-ST-ZIP	PENSACOLA FL 32534	2.4 CITY-ST-ZIP	MILTON, FL 32583	
TITLE	TD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	ARKINSON SR., E.W.	3.2 NAME	DORIS ENGBERG	
STREET ADDRESS	635 BAY POINT BLVD.	3.3 STREET ADDRESS	1873 LODGEDALE DRIVE	
CITY-ST-ZIP	MILTON FL 32583	3.4 CITY-ST-ZIP	MILTON, FL 32583	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SSS 3/10/95	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do 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: X Lester F Morgan — Lester F Morgan — 2-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021048