

FILE NOW: FILING FEE IS \$61.25

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AND  
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97 FEB 12 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742940  
1. Corporation Name  
**BAYPOINT FACILITIES INC**  
**REINSTATEMENT 1996-97**

Principal Place of Business Mailing Address  
**632 BAYPOINT BLVD**  
**MILTON FL 32583**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 632 Bay Pt. Blvd	26 SAME	5-22-1978	3-10-1995
22 Suite, Apt. #, etc. MILTON, FL	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 32583	28 City & State	59-1964725	Not Applicable
24 Zip	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 32583	30 Country	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LESTER MORGAN 632 BAYPOINT BLVD MILTON FL 32583		81 Name Eddie Atkinson 82 Street Address (P.O. Box Number is Not Acceptable) 635 Bay Pt. Blvd. 83 84 City Milton FL 85 Zip Code 32583	

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: Eddie Atkinson DATE: 1/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	200002087002
NAME	EDDIE ATKINSON	12 NAME	-02/13/97--01068--003
STREET ADDRESS	635 BAYPOINT BLVD	13 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	MILTON FL 32583	14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	REINSTATEMENT
NAME	JOE BROWN	22 NAME	200002087002
STREET ADDRESS	635 BAYPOINT BLVD	23 STREET ADDRESS	-02/13/97--01068--003
CITY-ST-ZIP	MILTON FL 32583	24 CITY-ST-ZIP	*****245.00 *****245.00
TITLE	NAME	31 TITLE	
NAME	ROBERT RIESBERG	32 NAME	
STREET ADDRESS	635 BAYPOINT BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	President
NAME	LESTER MORGAN	42 NAME	DAVID LITTLETON
STREET ADDRESS	632 Bay Pt. Blvd	43 STREET ADDRESS	617 BAYPOINT BLVD
CITY-ST-ZIP	MILTON, FL- 32583	44 CITY-ST-ZIP	MILTON, FL- 32583
TITLE	NAME	51 TITLE	
NAME	Robert Riesberg	52 NAME	
STREET ADDRESS	625 Bay Pt. Blvd	53 STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL- 32583	54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	Treasurer
NAME	Belen da Sturtevant	62 NAME	Eddie ATKINSON
STREET ADDRESS	629 Bay Pt. Blvd	63 STREET ADDRESS	635 Bay Pt. Blvd
CITY-ST-ZIP	MILTON, FL- 32583	64 CITY-ST-ZIP	MILTON, FL 32583


14. I do 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: Eddie Atkinson DATE: 1/29/97

CR2E037 (9/96)

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742940 (0)

1. Corporation Name

BAY POINT FACILITIES, INC.

Principal Place of Business

632 BAY POINT BLVD  
MILTON FL 32583

Mailing Address

632 BAY POINT BLVD  
MILTON FL 32583



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1978		3a. Date of Last Report 03/10/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1964725		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORGAN LESTER 632 BAY POINT BLVD. MILTON FL 32583				81 Name Morgan, Lester Lester Morgan Sig 82 Street Address (P.O. Box Number is Not Acceptable) 623 Bay Pte. Blvd - Mail 83 623 Bay Pte. Blvd - Home 84 City Milton FL 85 Zip Code 32583			

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

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	Pres.
NAME	MORGAN, LESTER	1.2 NAME	Morgan, Lester Sig: Lester Morgan
STREET ADDRESS	623 BAY POINT BLVD	1.3 STREET ADDRESS	623 Bay Pte. Blvd -
CITY-ST-ZIP	MILTON FL 32583	1.4 CITY-ST-ZIP	Milton, FL 32583
TITLE	VD	2.1 TITLE	VD
NAME	RIESBERG, ROBERT	2.2 NAME	ROBERT RIESBERG
STREET ADDRESS	625 BAY OIONT BLVD.	2.3 STREET ADDRESS	625 BAY Point Blvd
CITY-ST-ZIP	MILTON FL 32583	2.4 CITY-ST-ZIP	MILTON, FL 32583
TITLE	TD	3.1 TITLE	TD
NAME	ENGERG	3.2 NAME	Belinda Sturtevant
STREET ADDRESS	1878 LODGEDDLE DR.	3.3 STREET ADDRESS	629 BAY Point Blvd
CITY-ST-ZIP	MILTON FL 32583	3.4 CITY-ST-ZIP	Milton, FL 32583
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

Robert Riesberg MORGAN, LESTER P  
12-21-96 626 4747  
904 623 3635

CR2E037 (12/95)