

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

FILED
Jul 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000062853 (3)**

1. Corporation Name
401/411 BAYLEN, INC.



Principal Place of Business

Mailing Address

**125 S. ALCANIZ STREET
PENSACOLA FL 32501**

**PO BOX 12725
PENSACOLA FL 32575
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1995

2. Principal Place of Business

21 **601 S. Palafox Street**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 **Pensacola, FL**

City & State

28 City & State

24 Zip Country

32501

25

29 Zip

29

Country

30

4. FEI Number

59-3334696

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

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

**CARR, JOHN S
-125 S. ALCANIZ STREET- 601 S. Palafox St.
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

601 S. Palafox Street

83

84 City

Pensacola,

FL

85 Zip Code
32501

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D CARR, JOHN S**
STREET ADDRESS **125 S. ALCANIZ**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
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 ☒ Change ☐ Addition
1.2 NAME **D/P John S. Carr**
1.3 STREET ADDRESS **601 S. Palafox Street**
1.4 CITY-ST-ZIP **Pensacola, FL 32501**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D Ray D. Russenberger**
2.3 STREET ADDRESS **P. O. Box 12063**
2.4 CITY-ST-ZIP **Pensacola, FL 32590-** **no Street address**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D/VP Richard P. Morette**
3.3 STREET ADDRESS **1201 N. Tarragona St.**
3.4 CITY-ST-ZIP **Pensacola, FL 32501**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D Eric J. Nickelsen**
4.3 STREET ADDRESS **601 S. Palafox Street**
4.4 CITY-ST-ZIP **Pensacola, FL 32501**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Edward M. Chadbourne, Jr.**
5.3 STREET ADDRESS **4375 McCoy Drive**
5.4 CITY-ST-ZIP **Pensacola, FL 32503**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **000002582550**
6.3 STREET ADDRESS **-07/08/98--01016--028**
6.4 CITY-ST-ZIP *****150.00**

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.

CR2E034 (10/97)