

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90141 001 ****61.25

0000134

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742940

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1964725

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip Country

28

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATKINSON, EDDIE
635 BAY POITE BLVD.
MILTON FL 32583

81

Name **E.W. ATKINSON, SR.**

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

E.W. Atkinson Sr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/18/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MORGAN, LESTER
STREET ADDRESS 623 BAYPOINT BLVD
CITY-ST-ZIP MILTON FL 32583

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME **ALLAN BANKLES**
1.3 STREET ADDRESS **639 BAY PT. BLVD.**
1.4 CITY-ST-ZIP **MILTON, FL- 32583**

TITLE VPD ☒ DELETE
NAME ALBRITTON, CAROLYN
STREET ADDRESS 631 BAYPOINT BLVD
CITY-ST-ZIP MILTON FL 32583

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME **JOE E. BROWN**
2.3 STREET ADDRESS **633 BAY PT. BLVD-**
2.4 CITY-ST-ZIP **MILTON, FL- 32583**

TITLE TD ☐ DELETE
NAME ATKINSON, EDDIE
STREET ADDRESS 635 BAYPOINT BLVD.
CITY-ST-ZIP MILTON FL 32583

3.1 TITLE TD ☐ Change ☐ Addition
3.2 NAME **E.W. ATKINSON, SR**
3.3 STREET ADDRESS **635 BAY PT. BLVD-**
3.4 CITY-ST-ZIP **MILTON, FL- 32583**

TITLE SD ☐ DELETE
NAME CROWLEY, CATHY
STREET ADDRESS 619 BAYPOINT BLVD
CITY-ST-ZIP MILTON FL 32583

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *E.W. Atkinson Sr.* **EDWARD ATKINSON, SR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99

Date

850/626-6873

Daytime Phone #

CR2E037 (11/98)