2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 742940

1. Entity Name
BAY POINT FACILITIES, INC.

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

2. Principal Place of Business
1944 BAY POINT BLVD
Suite, Apt. #, etc.

3. Mailing Address
1944 BAY POINT BLVD
Suite, Apt. #, etc.

04042004   Chg-NP   CR2E037 (10/03)

City & State   *MILTON, FL*

City & State   *MILTON, FL*

4. FEI Number   59-1964725   ☐ Applied For. ☐ Not Applicable

Zip   *32583*   Country

Zip   *32583*   Country

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BANKES, DEBRA L
639 BAY POINT BLVD
MILTON, FL 32583

7. Name and Address of New Registered Agent

Name   *HARE, RICHARD W.*

Street Address (P.O. Box Number is Not Acceptable)
1943 BAY POINT BLVD

City   *MILTON,*   **FL**   Zip Code *32583*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   *4/4/04*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. Officers and Directors		11. Additions/Changes	
TITLE PD NAME BANKES, ALLAN D STREET ADDRESS 639 BAY POINT BLVD CITY-ST-ZIP MILTON, FL 32583	☒ Delete	TITLE *PD* NAME *PRICE, LAWRENCE A.* STREET ADDRESS *1942 BAY POINT BLVD.* CITY-ST-ZIP *MILTON, FL 32583*	☒ Change ☐ Addition
TITLE VPD NAME MORGAN, LESTER F STREET ADDRESS 639 BAY POINT BLVD CITY-ST-ZIP MILTON, FL 32583	☒ Delete	TITLE *VD* NAME *HAYES, LORIE* STREET ADDRESS *1928 BAY POINT BLVD* CITY-ST-ZIP *MILTON, FL 32583*	☒ Change ☐ Addition
TITLE STD NAME BANKES, DEBRA L STREET ADDRESS 639 BAY POINT BLVD CITY-ST-ZIP MILTON, FL 32583	☒ Delete	TITLE *S/T/D* NAME *HARE, RICHARD W.* STREET ADDRESS *1943 BAY POINT BLVD* CITY-ST-ZIP *MILTON, FL 32583*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *RICHARD W. HARE*   *4/4/04* *(850)983-9390*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #