FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **010027** **(1)**

1. Corporation Name

BAY COUNTY LAND AND ABSTRACT CO.

Principal Place of Business	Mailing Address
011 W 23RD ST PO BOX 2493 PANAMA CITY FL 32405-4553	011 W 23RD ST PO BOX 2493 PANAMA CITY FL 32405-4553

3. Date Incorporated or Qualified: **12/04/1920**

3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-0157330** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CRISP, DONALD R
011 W 23RD ST
BLDG. C
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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: _____ DATE

Signature, Typed or Printed Name of Individual and Capacity, Title or Office — NOTE: Registered Agent Signature Required When Filing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRISP,DONALD R		1.2 NAME		
STREET ADDRESS	731 DRIFTWOOD DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRESTWOOD,CINDY M.		2.2 NAME		
STREET ADDRESS	16259 E.LULLWATER DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH. FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE	STO	☑ Change ☐ Addition
NAME	MEDLOCK, G. WILLIAM		3.2 NAME		
STREET ADDRESS	710 HUNTINGDON RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	VD	☑ Change ☐ Addition
NAME	CRISP JR, D RAY		4.2 NAME		
STREET ADDRESS	139 CANDLEWICK CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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)(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 added in an additional address.

SIGNATURE: _____ 4/25/96 904-763-2399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)