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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

010027

(1)

BAY COUNTY LAND AND ABSTRACT CO.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 100kt 25 th 1 10 th 1 12 th 1 12 th 1	
011 W 23RD ST 011 W 23RD ST						
PO BOX 248		PO BOX 2493		DO NOT WIDE IN THE SPACE		
PANAMA CIT	Y FL 32405-4553	PANAMA CITY FL 32405-4553		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	i
		To Marillan Antalana			12/04/1920 4. FEI Number	Applied For
	ace of Business	2a. Mailing Address	<del> </del>			Applied For
26					59-0157330	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State	City & State		A Floring Consoling Floring	
		<del>}</del>	ony a state		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Zip Country		This corporation owes or has paid		
Zip		—¬ ' -	·		Personal Property Tax due June 30	
24	25 Name and Address of Current		30		10. Name and Address of New Regis	
9. Name and Address of Current Registered Agent  ONO DAME D. B. B. Name and Address of Current Registered Agent  81 Name and Address of Current Registered Agent						
	NSP, DONALD R					
011 W 23RD ST			82	Street A	ddress (P.O. Box Number is Not Acceptable)	•
BLDG. C			83			
PANAMA CITY FL 32401			"			
			84	City		FL 85 Zip Code
44 5		and CO7 4500. Florida Ctatula	n the above	nomod o	ornoration submite this statement for the pure	cose of changing its registered
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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Stoneture: typed or printed name of rec-styred agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
Signature, typed or printed name of registered agent and title if applicable [NOTE: R  12. OFFICERS AND DIRECTORS			13.	rit eigna: Ore re	ADDITIONS/CHANGES TO OFFICER	
TITLE	<b>400</b>	DELETE	1.1 TITLE	T	CA	Change Addition
NAME	CRISP,DONALD R		1.2 NAME	ŀ		
	761-DRIFTWOOD-DRIVE		1.3 STREET	ADDRESS	2123 BRIAWOOD GI	8C14
STREET ADDRESS	-LYNN HAVEN FL		1.4 CITY - 9	7 700	2183 BRIAWOOD GI	22426
CITY-ST-ZIP	STD			1.71	FRANKI CITY FE	Change Addition
TITLE	MEDLOCK, G. WILLIAM		2.1 TITLE 2.2 NAME			
NAME	710 HUNTINGDON RD			4000000		
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-1	ST-ZIP		Change Addition
TITLE			3.1 TITLE		PD	CET Augusto CT Languitott
NAME	CRISP JR, D RAY		3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP	PANAMA CITY FL	Decem	3 4. CITY-	ST-ZIP	17	Change Addition
TITLE		☐ DELETE	4.1 TITLE		DONALO G. HENDÉRSO	- • - 1
NAME			4. 2 NAME			
STREET ADDRESS		i i		ADDRESS		776
CITY-ST-ZIP			4.4 CITY-5	37 - ZiP	TALLAHASSEE, FL	01
TITLE			5.1 TITLE	]	<del>-</del>	☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-5	T-ZIP		
TITLE	DELETE		6.1 TITLE	j	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP		
					C. O. Carrier 140 OT/OVA Florida Chabitan I for	

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 objective 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 advictment with an oddess.

Donald R. Crisp

4-16-98

(850)763-2399