

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90040 027 ***158.75

DOCUMENT # 010027

1. Entity Name
BAY COUNTY LAND AND ABSTRACT CO.



Principal Place of Business
**1001 E BUSINESS HWY 98
PANAMA CITY, FL 32401**

Mailing Address
**2075 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308 US**

94036741



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-0157330

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LA JOIE, JOHN T
2075 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	CRISP, DONALD R	
STREET ADDRESS	1001 E BUSINESS HWY 98	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONWAY, MICHAEL W	
STREET ADDRESS	2075 CENTRE POINTE BLVD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANSLI, ALFRED J	
STREET ADDRESS	2075 CENTRE POINTE BLVD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04

(850) 402-4101

Date

Daytime Phone #