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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 222293



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90044 037 ***150.00

BAY LAN	NDS INC OF PANAMA CITY										
Principal Place	e of Business	Mailing Address				1	\$ 188112 (1818 11812 11816 11816 IN	188 ())) B1851 B11	in sisi sisi s	AREA MENTE LANGE	
Principal Place of Business 808 HARMON AVE. P.O. BOX 107 PANAMA CITY FL 32402 Mailing Address 806 HARMON AVE. P.O. BOX 107 PANAMA CITY FL 32402							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/07/1959				
2 Principal D	lace of Business	2a. Mailing Address					FEI Number		Anr	plied For	
 -	lace of business	— ĭ	26			-	59-6058441		 	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8:75 A	dditional	
City & State			City & State				Election Campaign Financing		\$5.00		
23	-	├ ─┐ '	28				Trust Fund Contribution		Added to		
Zip	Country	Zip	Cou	ntry		8.	This corporation owes the curre	ent year Inta	ngible		
24	25	29	30				Personal Property Tax.		Yes	□No	
	9. Name and Address of Curre	nt Registered Agent				10.	Name and Address of New R	tegistered A	gent		
				81	Name						
MCQUAGGE, WM. DUNCAN				82	Street Addre	ess (P.	O. Box Number is Not Accepta	ble)			
403 HWY. 2297								·			
PANAMA CITY FL 32402				83				•			
				84	City			FL	85 Zip C	ode	
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was a ations of, Section 607.0505, Flor	uthorized rida Stati	i by ti utes.	he corporatio	n's bo	ard of directors. I nereby accep	ot the appoin	tment as reg	jistered ————	
12.		ND DIRECTORS	13.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ADDITIONS/CHANGES TO OF	FICERS ANI	DIRECTO	RS IN 12	
TITLE	SD	☐ DELETE	1.1 T(1	πE					☐ Change	☐ Addition	
NAME	MCQUAGGE,MARJORIE D		1.2 NA	ME	-					l	
STREET ADDRESS	808 HARMON AVE.,		1.3 ST	REET/	ADDRESS .		•				
CITY-ST-ZIP	PANAMA CITY FL		1.4 CI	TY-ST-	ZIP						
TITLE			2.1 π	2.1 TITLE					☐ Change	Addition	
NAME	MCQUAGGE, WM.DUNCAN		2.2 N	2.2 NAME							
STREET ADDRESS	403 HWY. 2297		2.3 ST	REET	ADDRESS .		٠,	~			
CITY-ST-ZIP	PANAMA CITY FL		2. 4 Ci	TY-ST	-ZIP		<u> </u>				
TITLE		☐ DELETE	3.1 Ti	ΠE					☐ Change	Addition	
NAME			3.2 NA	WE						}	
STREET ADDRESS			3.3 ST	REET	ADDRESS						
CITY-ST-ZIP			_	ITY-ST	-ZIP				<u></u>	- Addition	
TITLE	•	☐ DELETE	4.1 TD						Change	Addition	
NAME			4. 2 N					•			
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	·	☐ DELETE	_	TY-\$T-	-ZIP				Change	Addition	
TITLE		□ nere is	5.1 TO 5.2 N				•				
NAME			1		ADDRESS					l	
STREET ADDRESS				TY-ST-	1						
CITY-ST-ZIP		DELETE	101	TLE :	\longrightarrow		7 1 1		Change	Addition	
TITLE		to the control of the	6.2 N		.'	,	+ 4 -4				
NAME	/	r			ADDRESS						
STREET ADDRESS	' / /			(s)							

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an execute the report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the inform with this filing does not qualify indicated on this annual report officer or director of the corpor Block 12 or Block 13 if charge supplemental annual report is true in or the receiver or trustee empo

SIGNATURE: