

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90323 041 ***150.00

DOCUMENT # 265721

1. Entity Name

PROFESSIONAL OPTICAL COMPANY BAYCO

Principal Place of Business

**1201 HARRISON AVE
PANAMA CITY FL 32401
US**

Mailing Address

**1201 HARRISON AVENUE
PANAMA CITY FL 32401
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0997945**

Applied For

Not Applicable

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

**WILLIAMS, RICHARD E.
1201 HARRISON AVENUE
PANAMA CITY FL 32401**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WILLIAMS, RICHARD E. 1201 HARRISON AVE PANAMA CITY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MURTEL M. WILLIAMS 1201 HARRISON AVE PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ALVIN E 1201 HARRISON AVE PANAMA CITY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAMS, LYNN W 1201 HARRISON AVE PANAMA CITY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARY ANN DILLIANGHAM 1201 HARRISON AVE PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Murtele M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

Date

850-7854556

Daytime Phone #

CR2E034 (10/00)

BAY BANK & TRUST CO.
DOWNTOWN BRANCH
509 HARRISON AVE
PANAMA CITY FL 32401

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE (Select one and initial):

- ☐ Single-Party Account ☐ Multiple-Party Account
☐ Trust-Separate Agreement Dated: _____
☐ _____

RIGHTS AT DEATH (Select one and initial):

- ☐ Single-Party Account
☐ Single-Party Account With Pay-on-Death Designation
(name beneficiaries below)
☐ Multiple-Party Account With Right of Survivorship
☐ Multiple-Party Account With Right of Survivorship and
Pay-on-Death Designation (name beneficiaries below)
☐ Multiple-Party Account Without Right of Survivorship

NAME OR NAMES OF BENEFICIARIES:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP
☒ CORPORATION: ☒ FOR PROFIT ☐ NOT FOR PROFIT
☐ LIMITED LIABILITY COMPANY
☐ _____

BUSINESS: _____
COUNTY & STATE: BAY/FL
OF ORGANIZATION: _____
AUTHORIZATION DATED: JANUARY 29, 2001

DATE OPENED 01/29/2001 BY JW
INITIAL DEPOSIT \$ _____ ☐ CASH ☒ UPDATE

HOME TELEPHONE # _____

BUSINESS PHONE # 850-769-1464

EMPLOYER _____

Name and address of someone who will always know your location: _____

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 59-0997945

☒ **TAXPAYER I.D. NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

☐ **BACKUP WITHHOLDING** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☒ **EXEMPT RECIPIENTS** - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section.

X _____ (Date) FORM

ACCOUNT NUMBER 2603570901

Attachment
952060
26571

ACCOUNT OWNER(S) NAME & ADDRESS

PROFESSIONAL OPTICAL COMPANY
BAYCO
1201 HARRISON AVE
PANAMA CITY FL 32401-2432

SMALL BUS CKING K02

TYPE OF ACCOUNT ☐ NEW ☒ EXISTING
☒ CHECKING ☐ SAVINGS
☐ MONEY MARKET ☐ CERTIFICATE OF DEPOSIT
☐ NOW ☐ _____

This is your (check one):

☒ Permanent ☐ Temporary account agreement.

Number of signatures required for withdrawal 1

FACSIMILE SIGNATURE(S) ALLOWED? ☐ YES ☒ NO

[X]

SIGNATURE(S) - THE UNDERSIGNED AGREE(S) TO THE TERMS STATED ON PAGES 1 AND 2 OF THIS FORM, AND ACKNOWLEDGE(S) RECEIPT OF A COMPLETED COPY ON TODAY'S DATE. THE UNDERSIGNED ALSO ACKNOWLEDGE(S) RECEIPT OF A COPY OF AND AGREE(S) TO THE TERMS OF THE FOLLOWING DISCLOSURE(S):

☐ Truth in Savings Disclosure ☒ Funds Availability Disclosure
☒ Electronic Fund Transfers Disclosure
☒ DEPOSIT ACCT DISCLOSURE

(1): [X] MYRTLE M WILLIAMS/PRES/Trea.
I.D. # _____ D.O.B. _____

(2): [X] MARY ANN DILLINGHAM/SEC/
I.D. # _____ D.O.B. _____

(3): [X]
I.D. # _____ D.O.B. _____

(4): [X]
I.D. # _____ D.O.B. _____

☐ Convenience Account Agent (Single-Party Accounts Only)

[X]
I.D. # _____ D.O.B. _____

Attachment
952066
#265721

CORPORATE AUTHORIZATION RESOLUTION

BAY BANK & TRUST CO.
DOWNTOWN BRANCH
509 HARRISON AVE
PANAMA CITY FL 32401

By: PROFESSIONAL OPTICAL COMPANY
BAYCO
1201 HARRISON AVE
PANAMA CITY FL 32401-2432

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, MARY ANN DILLINGHAM, certify that I am Secretary (clerk) of the above named corporation organized under the laws of FLORIDA, Federal Employer I.D. Number 59-0997945, engaged in business under the trade name of PROFESSIONAL OPTICAL COMPANY BAYCO, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 01/29/2001 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>MYRTLE M WILLIAMS/ PRES /Trea.</u>	X _____	X _____
B. <u>MARY ANN DILLINGHAM/ SEC/</u>	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>AB</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
	(2) Open any deposit or share account(s) in the name of the Corporation.	<u>1</u>
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>1</u>
	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>1</u>
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	<u>1</u>
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>1</u>
	(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☐ If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on _____ (date).