

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

DOCUMENT # **372446** (5)

95 JAN 17 AM 11:36

1. Corporation Name  
**ST. ANDREW BAY REAL ESTATE, INC.**

Principal Place of Business      Mailing Address  
**111 W 23 ST**                              **111 W 23 ST**  
**PANAMA CITY FL 32405-4504**              **PANAMA CITY FL 32405-4504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/09/1970**                              **01/20/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 111 W. 23rd Street		26 111 W. 23rd Street		59-1362034		Not Applicable	
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Panama City FL		28 Panama City FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32405-4504		29 32405-4504		30 USA		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TIMMINS, STANLEY 4626 BAYWOOD DR. LYNN HAVEN FL 32444				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMINS, STANLEY	1.2 NAME	
STREET ADDRESS	4626 BAYWOOD DR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	LYNN HAVEN FL	1.4 CITY, ST, ZIP	
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, ROGER T.	2.2 NAME	
STREET ADDRESS	608 PLANTATION RD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL	2.4 CITY, ST, ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, ELKE	3.2 NAME	
STREET ADDRESS	100 CHERRY ST APT 801	3.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNTS, STEVEN G	4.2 NAME	
STREET ADDRESS	507 WAHOO RD	4.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY BCH FL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERVIN, DORIS W.	5.2 NAME	
STREET ADDRESS	767 S. LONGWOOD CIR.	5.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL 32405	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided by Sections 110 (2), (b), Florida Statutes. I further certify that the information is true and correct as stated and that my signature shall have the same legal effect as if made under oath. 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 of a changed or on an attachment with an address.

SIGNATURE: *Stanley Timmins*      Stanley Timmins      1-12-95      904-769-1484  
SIGNATURE AND SPELL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone Number)