

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

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**Jan 14 1997 8:00am**

**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 372446 (5)**

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



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

3. Date Incorporated or Qualified: **11/09/1970** 3a. Date of Last Report: **01/23/1996**  
4. FEI Number: **59-1362034** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:  
**TIMMINS, STANLEY  
4626 BAYWOOD DR.  
LYNN HAVEN FL 32444**

10. Name and Address of New Registered Agent:  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83:  
84 City: **FL** 85 Zip Code:

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: TIMMINS, STANLEY	STREET ADDRESS: 4626 BAYWOOD DR.	CITY-ST-ZIP: LYNN HAVEN FL	<input type="checkbox"/> DELETE
TITLE: TS	NAME: RHODES, ROGER T.	STREET ADDRESS: 608 PLANTATION RD.	CITY-ST-ZIP: PANAMA CITY FL	<input type="checkbox"/> DELETE
TITLE: V	NAME: MCCOY, ELKE	STREET ADDRESS: 100 CHERRY ST APT 801	CITY-ST-ZIP: PANAMA CITY FL	<input type="checkbox"/> DELETE
TITLE: D	NAME: COUNTS, STEVEN G	STREET ADDRESS: 507 WAHOO RD	CITY-ST-ZIP: PANAMA CITY BCH FL	<input type="checkbox"/> DELETE
TITLE: D	NAME: ERVIN, DORIS W.	STREET ADDRESS: 767 S. LONGWOOD CIR.	CITY-ST-ZIP: PANAMA CITY FL 32405	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:	1.2 NAME:	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: TS	2.2 NAME: Rhodes, Roger T.	2.3 STREET ADDRESS: 106 Chelsea Lane	2.4 CITY-ST-ZIP: Lynn Haven FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE:	3.2 NAME:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: D	4.2 NAME: Counts, Steven G.	4.3 STREET ADDRESS: 4211 Mariner Drive	4.4 CITY-ST-ZIP: Panama City Beach FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	5.2 NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: D	6.2 NAME: Hodges, Keith	6.3 STREET ADDRESS: 1306 Pompano Drive	6.4 CITY-ST-ZIP: Panama City Beach FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Stanley Timmins* **Stanley Timmins** 1/8/97 904-769-1184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)