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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 478118

(3)

Mailing Address

EAST BAY MANAGEMENT, INC.

FILED Feb 25 1998 8:00am Secretary of State

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8900 W. FAIRFIELD DRIVE P.O. BOX 3007 PENSACOLA FL 32506		! !	6900 W. FAIRFIELD DRIVE P.O. BOX 3007 PENSACOLA FL 32516 US				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 06/18/1975			
2. Principal Pl	ace of Business	20	. Mailing Address					oplied For		
21		26						ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				E Contitionto at Statue Deciror	\$8.75 Additional Fee Required		
City & State			City & State					\$5.00 May Be Added to Fees		
Zip	Country	29	Zip Country 29 30				8. This corporation owes or has paid the current year in Personal Property Tax due June 30.			
24	25 9. Name and Addre		stered Agent	1301			10. Name and Address of New Registered Agent			
HO	BBS, C. A. JR.,				81	Name				
	O W. FAIRFIELD DRIV	Æ								
PENSACOLA FL 32506					82	Street Ad	ess (P.O. Box Number is Not Acceptable)			
					B3					
					B4		FL T	Code		
11. Pursuant to office or reagent. La	to the provisions of Sect egistered agent, or both m familiar with, and acc	ions 607.0502 and , in the State of Flor opt the obligations	607.1508, Florida Statu rida. Such chan ge was of, Section 607. 050 5, Fl	tes, the abo authorized lorida Statu	ove by tes	named c the corpo	corporation submits this statement for the purpose of changing i oration's board of directors. I hereby accept the appointment as	ts registered registered		
SIGNATURE	Signature, typed or printed name	of registered agent and tit	le if applicable (NO	TE: Registered	Ager	nt signature re	equired when reinstating) DATE			
12.		FFICERS AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12		
TITLE	STD		DELETE	1.1 TITL	E.		☐ Change	Addition		
NAME	HOBBS, LAURYCE	: G .		1.2 NAM	Æ					
STREET ADDRESS	6900 W. FAIRFIELI	d dr		1.3 STA	EET 1	ADDRESS				
CITY+ST-ZIP	PENSACOLA FL			1.4 C(T)	/- ST	r-ZIP				
TITLE	DP		☐ DELETE	2 1 TITL	.E		☐ Change	☐ Addition		
NAME	HOBBS, C.A., JR			2.2 NAM	Æ					
STREET ADDRESS	69 00 W. FAIRFIELI	D DR	235		EET	address				
CITY-ST-ZIP	PENSACOLA FL			2. 4 CIT	Y-8	T-ZIP				
TITLE			☐ DELETE	3.1 TITU	E.		L Change	Addition		
NAME				3.2 NAN	Æ					
STREET ADDRESS				3.3 STR	ΕΕΤ	ADDRESS				
CITY+ST-ZIP				3.4. C(T		T-ZIP				
TITLE			DELETE	4.1 TITE	.E		Change	☐ Addition		
NAME				4. 2 NA	ME			j		
STREET ADDRESS				4.3 STR	EET	ADDRESS				
CITY-ST-ZIP	<u>,</u> -			4.4 CIT		r-ZtP		Adme		
TITLE			DELETE	. 5.1 TITE			☐ Change	Addition		
NAME				. 5.2 NAM	Æ			:		
Street address				5.3 STR	EET	ADDRESS				
CITY-ST-ZIP				5.4 CIT		I - ZIP		A didition		
TITLE			☐ DELETE	6.1 TITL			L Change	Addition		
NAME				6.2 NAM	Æ			•		
STREET ADDRESS				6.3 STR	EET,	ADDRESS				
CITY-ST-ZIP			77	6.4 CIT	Y-ST	r-ziP	dis 0 - 2 - 440 07/00/0 Fladds 00-4 - 16 - 46	. Información		
14. I hereby of indicated officer or of Block 12 of the second of the se	certify that the information on this armual report or director of the corporation Block 13 if changed,	n supplied with this supplemental annu on or the receiver o or on an attachmen	riling does not qualify f al report if true and ac r trustee empowered to t with an address.	curate and execute th	tha is r	egn stated If my sign eport as r	d in Section 119.07(3)(i), Fiorida Statutes. I further certify that the lature shall have the same legal effect as if made under oath; th required by Chapter 607, Florida Statutes; and that my name ap	at I am an opears in		