FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 23 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **555775** **(6)**

1. Corporation Name
EAST BAY PROPERTIES, INC.

Principal Place of Business	Mailing Address
3687 MACKEY COVE DR. PENSACOLA FL 32514	316 S. BAYLEN STREET 250 PENSACOLA FL 32501 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/20/1977**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2420791** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, BEN L JR
3687 MACKEY COVE DRIVE
PENSACOLA FL 32514

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	HUBBIRD, NORMA GILMORE	1.2 NAME		
STREET ADDRESS	9021 WESTSIDE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	32514	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	WEST, BILLY JOE	2.2 NAME		
STREET ADDRESS	2909 N. PACE BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	32505	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, DAVID R.	3.2 NAME		
STREET ADDRESS	33 AVENIDA DEL MANANA	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL	3.4 CITY-ST-ZIP	32561	
TITLE	D	4.1 TITLE	President	☐ Change ☒ Addition
NAME	DAVIS, BEN L, JR.	4.2 NAME		
STREET ADDRESS	3687 MACKEY COVE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	32514-8155	
TITLE	PD	5.1 TITLE		☒ Change ☐ Addition
NAME	PEADEN, JAMES WILBURN	5.2 NAME	Jean Peaden	
STREET ADDRESS	8696 SCENIC HIGHWAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	32514	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HOLLINGSWORTH, WALTER	6.2 NAME		
STREET ADDRESS	119 MELANIE LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	DAPHNE AL	6.4 CITY-ST-ZIP	36526	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360004 CP