FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 15 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 # **555775** **(6)**

1. Corporation Name
EAST BAY PROPERTIES, INC.

Principal Place of Business
3687 MACKEY COVE DR.
PENSACOLA FL 32514

Mailing Address
316 S. BAYLEN STREET
250
PENSACOLA FL 32501-5908
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
State, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **12/20/1977**
3a. Date of Last Report: **02/26/1996**
4. FEI Number: **59-2420791** ☐ 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

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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	HUBBIRD, NORMA GILMORE		12 NAME		
STREET ADDRESS	9021 WESTSIDE DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	WEST, BILLY JOE		22 NAME		
STREET ADDRESS	2909 N. PACE BLVD.		23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		24 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BUTLER, DAVID R.		32 NAME		
STREET ADDRESS	33 AVENIDA DEL MANANA		33 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL		34 CITY-ST-ZIP		
TITLE	P	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	DAVIS, BEN L., JR.		42 NAME		
STREET ADDRESS	3687 MACKEY COVE DRIVE		43 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		44 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	PEADEN, JEAN		52 NAME		
STREET ADDRESS	8696 SCENIC HIGHWAY		53 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HOLLINGSWORTH, WALTER		62 NAME		
STREET ADDRESS	119 MELANIE LANE		63 STREET ADDRESS		
CITY-ST-ZIP	DAPHNE AL		64 CITY-ST-ZIP		

CR2E034 (9/96)

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: PRES. 4/11/97