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FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1977

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HUBBARD, NORMA GILMORE
STREET ADDRESS 9021 WESTSIDE DRIVE
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

TITLE V
NAME WEST, BILLY JOE
STREET ADDRESS 2909 N. PACE BLVD.
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

TITLE ST
NAME BUTLER, DAVID R.
STREET ADDRESS 33 AVENIDA DEL MANANA
CITY-ST-ZIP PENSACOLA BEACH FL ☐ DELETE

TITLE P
NAME DAVIS, BEN L., JR.
STREET ADDRESS 3687 MACKEY COVE DRIVE
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

TITLE PD
NAME PEADEN, JEAN
STREET ADDRESS 8696 SCENIC HIGHWAY
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

TITLE D
NAME HOLLINGSWORTH, WALTER
STREET ADDRESS 119 MELANIE LANE
CITY-ST-ZIP DAPHNE AL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: X

[Signature]

3/26/98

850 476-6815

CR2E034 (10/97)