

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **555775**
Corporation Name
EAST BAY PROPERTIES, INC.

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90013 037 ***550.00

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Principal Place of Business
**687 MACKEY COVE DR.
PENSACOLA FL 32514**

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

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2738 Beacon Court		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/20/1977	
Suite, Apt. #, etc. 27		Suite, Apt. #, etc. 27		4. FEI Number 59-2420791	
City & State Navarre, Fl		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32566		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) 2738 Beacon Court	
				83	
				84 City Navarre	
				85 Zip Code FL 32566	

1. 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, BILLY JOE	2.2 NAME	
STREET ADDRESS	2909 N. PACE BLVD.	2.3 STREET ADDRESS	1640 Amanda Lane
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Cantonment, FL 32533
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, DAVID R.	3.2 NAME	
STREET ADDRESS	33 AVENIDA DEL MANANA	3.3 STREET ADDRESS	5518 Crestwood Drive
CITY-ST-ZIP	PENSACOLA BEACH FL	3.4 CITY-ST-ZIP	Knoxville, TN 37904
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BEN L, JR.	4.2 NAME	
STREET ADDRESS	3687 MACKEY COVE DRIVE	4.3 STREET ADDRESS	2738 Beacon Court
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Navarre, FL 32566
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEADEN, JEAN	5.2 NAME	
STREET ADDRESS	8696 SCENIC HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

4. 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 as an attachment with an address.

SIGNATURE: X

Signature Required
July 6th, 99

CR2E034 (5/99)