Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90104 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 630969

1. Corporation BAY REA	LTY OF PENSACOLA, INC.								
Principal Place	e of Business	Mailing Addres	s			1110160	1100 (111) 68110 IBNG 61116 1811	, 6,6,, 6,2,, 6,3,, 6,6,, 4,	
1514 N. NINTH AVENUE 1514 N. NINTH AVENUE									
PENSACOLA FL 32503 PENSACOLA FL 32503						DO NOT WRITE IN THIS SPACE			
						3 Date Incorn	orated or Qualifed		
						07/27/197			
3 Drivering D	ace of Business	2a. Mailing Add	dross			4. FEI Number			plied For
	ace of business	26	,,,,,,,			59-19279		—— <u> —</u>	t Applicable
Suite, Apt.	# etc	Suite, Apt.	#. etc.	_			_	\$8.75 A	Additional
22	#, 0to.	27	,			5. Certificate of	Status Desired	Fee Re	quired
City & State	e	City & Stat	e	_		-6. Election Car	mpaign Financing	\$5.00	May Be
23		28				Trust Fund (Contribution	Added to	o Fees
Zip	Country	Zip		Country		8. This corpora	ition owes the current ye		(
24	25 29		30			Personal Pr			□No
	9. Name and Address of Current	Registered Agen	1			10. Name and	Address of New Regis	tered Agent	
5011	0111001 5			81	Name				١
DOLL, SANDRA E.				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
1514 NORTH 9TH AVE									
PENSACOLA FL 32503				83					
	•			84	City			85 Zip 0	Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Flo of Florida. Such cha ions of, Section 607	orida Statutes, Inge was autho 7.0505, Florida	the above orized by Statutes	a-named corp the corporation.	oration submits this on's board of direct	r statement for the purpors. I hereby accept the	appointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Reg		t signature require	d when reinstating)		DATE AND DIRECTO	DC (N. 40
12.	OFFICERS AN			13.		ADDITIONS/	CHANGES TO OFFICE	Change	Addition
TITLE	Ρ		DELETE	1.1 TITLE				□ Change	L Addition :
NAME	DOLL, SANDRA E.		1	1,2 NAME					
STREET ADDRESS				1,3 STREET	ADORESS				
CITY-ST-ZIP	PENSACOLA, FL 00000			1.4 CITY-S	T-ZIP			Change	Addition
TITLE	VTS	Ц	DELETE	2.1 TITLE	-			Citalige	
NAME	PRILLER, JUDITH A(ACTNG)			2.2 NAME					
STREET ADDRESS	1514 N NINTH AVE			2.3 STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 00000			2. 4 CITY-S	T-ZIP			☐ Change	Addition
TITLE		Ų	DELETE	3.1 TITLE			- - , −	- Change	- Addition
NAME				3.2 NAME					ļ
STREET ADDRESS				3.3 STREET					.
City-St-zIP			DELETE.	3.4. CITY-S	ST-ZIP			☐ Change	☐ Addition
TITLE			DELETE	4.1 TITLE				CT oversão	
NAME				4, 2 NAME					
STREET ADDRESS	1			4.3 STREET					
CITY-ST-ZIP			DELETE	4.4 CITY-S	T-ZIP			☐ Change	Addition
TITLE		Ш	DELETE	5.1 TITLE 5.2 NAME				c.a.i.go	
NAME				5.3 STREET	TADORESS				l
STREET ADDRESS									
CITY-ST-ZIP			DELETE	5.4 CiTY-S' 6.1 TITLE	r-ar			☐ Change	
TITLE			DEDETE	6.2 NAME				پو <u>.</u>	
NAME	1		1	0.D D. W L.	I				r

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, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

1/14/99 Date

850-434-2271