FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 681463 DOCUMENT # (6) BAY BANK & TRUST CO. Principal Place of Business Mailing Address 509 HARRISON AVE 509 HARRISON AVE PANAMA CITY FL 32401-9621 PANAMA CITY FL 32401-9621 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1980 05/01/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2055009 26 Not Applicable Suite, Ant. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Ζıp Country Zin Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Florida Statutes X Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **A1** Name Robert W. Byrne-VP/General Counsel 82 Street Address (P.O. Box Number is Not Acceptable) 509 Harrison Ave. 83 84 Zip Code 32401 City Panama City 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 687.0505, Florida Statutes. Robert W. Byrne -VP/General Counsel 4/25/96 SIGNATURE (NOTE: Registered Agent signature required when ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. **X**DELETE VS 1.1 TiTLE ☐ Change ☐ Addition TATE, LAWRENCE C John G. Hindsman III 1.2 NAME 229 NORTHCLIFF DR. 344 Massalina STREET ADDRESS 1.3 STREET ADDRESS **GULF BREEZE FL** CITY-SI-ZIP 1.4 CITY-ST-ZIP Panama City, FL 32401 Ď٧ DELETE 2.1 TITLE Change DP Addition LEWIS, CLAY 22 NAME E. Clay Lewis III 202 N. COVE BLVD. STREET ADDRESS 2.3 STREET ADDRESS 202 N. Cove Blvd. PANAMA CITY FL CITY-ST-ZIP 24 CITY-ST-ZIP Panama City, FL 32401 VTS □ DELETE Change 3 1 TITLE ☐ Addition CALHOUN, MITCHELL 3.2 NAME 1. Mitchell Calhoun 137 E. BALDWIN RD. 3100 Wood Valley Rd. STREET ADDRESS 3.3 STREET ADDRESS PANAMA CITY FL CITY - ST - 7IP 3.4 CITY - ST-ZIP <u>Panama City, FĹ 32405</u> DC DELETE 4 1 TITLE Change ■ Addition PADGETT, DEARL 4.2 NAME Kenneth E. Padgett 236 OCEAN WAY STREET ADDRESS 4.3 STREET ADDRESS 186 Ocean Way Vero Beach, FL VERO BCH. FL CiTY-ST-ZiP 4.4 CITY-ST-ZIP 32964 COELETE XAddition 5 1 TIBLE Change ELSASSER, JOHN A 52 NAME Les Hahn 2416-A FORTUNE AVE STREET ADDRESS 5.3 STREET ADDRESS 2918F Harrison A a Panama City, FL 32 PANAMA CITY FL CITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE 6. 1 TITLE Change Addition 62 NAME STREET ADDRESS 6.3 STREET ADDRESS OITY-51-7IP

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)[k], 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 eath; 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 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

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12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

THTLE

NAME

TOLE

NAME

Morey ED NAME OF SIGNING OFFICER OR DIRECTOR

I Mitchell Calhoun

904 769 3333

Daytime Phone #

(12/95)CR2E034