2000 UNIFORM BUSINESS REPORT (UBR) May 31, 2000 8:00 am Secretary of State DOCUMENT # 681463 1. Entity Name Bay Bank & Trust Co. 05-31-2000 90070 033 ***158.75 Principal Place of Business Mailing Address 509 Harrison Ave. 509 Harrison Ave. Panama City, FL Panama City, FL 32401-9621 32401-9621 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2055009 Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIN FEE IS \$150.00 - 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VS ☐ Delete TITLE Change ☐ Addition NAME NAME Hindsman, John G. III STREET ADDRESS STREET ADDRESS 602 Colorado Ave. CITY-ST-ZIP CITY-ST-ZIP <u>Lynn Haven, FL 32444</u> ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME Lewis, E. Clay III STREET ADDRESS STREET ADDRESS 202 N. Cove Blvd. Panama City, FL CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition Calhoun, Mitchell STREET ADDRESS STREET ADDRESS 3100 Wood Valley Rd. CITY-ST-ZIP CITY-ST-ZIP Panama City, FL DC ☐ Delete Change ☐ Addition NAME Padgett, Earl NAME STREET ADDRESS STREET ADDRESS 236 Ocean Way CITY-ST-ZIP CITY-ST-ZIP <u>Vero Beach, FL</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

Mitchell Calhuin 5/5/00 (850) 769-3333