

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90043 016 ***150.00

DOCUMENT # 681463

1. Entity Name
BAY BANK & TRUST CO.

Principal Place of Business
509 HARRISON AVE
PANAMA CITY FL 32401-9621

Mailing Address
509 HARRISON AVE
PANAMA CITY FL 32401-9621



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2055009**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

J.G. Hindsman, III
509 Harrison Avenue
Panama City, FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VS** ☐ Delete
 NAME **HINDSMAN, JOHN**
 STREET ADDRESS **344 MASSALINA**
 CITY-ST-ZIP **PANAMA CITY FL**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **602 Colorado Avenue**
 CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE **DP** ☐ Delete
 NAME **LEWIS, E. CLAY III**
 STREET ADDRESS **202 N COVE BLVD**
 CITY-ST-ZIP **PANAMA CITY FL**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** ☒ Delete
 NAME **CALHOUN, MITCHELL I.**
 STREET ADDRESS **3100 WOOD VALLEY RD**
 CITY-ST-ZIP **PANAMA CITY FL**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** ☐ Delete
 NAME **PADGETT, EARL**
 STREET ADDRESS **236- OCEAN WAY**
 CITY-ST-ZIP **VERO BEACH FL**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition
 TITLE **Vice President**
 NAME **Robert VanLandinham**
 STREET ADDRESS **107 Limestone Lane**
 CITY-ST-ZIP **Panama City, FL 32405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: **J.G. Hindsman, III, Sr Vice President/COO/Cashier**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)