

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

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

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2055009

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000603480

01/23/07-80014-025 158.75

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	HINDSMAN, JOHN G. III
STREET ADDRESS	602 COLORADO AVENUE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	DP
NAME	LEWIS, E. CLAY III
STREET ADDRESS	202 N COVE BLVD
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	DC
NAME	PADGETT, EARL
STREET ADDRESS	236 OCEAN WAY
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VP
NAME	SPEARS, H WADE III
STREET ADDRESS	202 TIERRA VERDE LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. G. Hindsmann, III

1/25/07

850-769-3333

Date

Daytime Phone #