

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 698677 (2)

1. Corporation Name

BAY COAST PETROLEUM, INC.

Principal Place of Business

1045 JENKS AVE.  
PANAMA CITY FL 32401

Mailing Address

1045 JENKS AVE.  
PANAMA CITY FL 32401



3. Date Incorporated or Qualified

08/12/1981

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2116132

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. 1202-B, W. 19<sup>th</sup> ST.  
Suite, Apt. #, etc.

26. 1202-B, W. 19<sup>th</sup> ST.  
Suite, Apt. #, etc.

22. City & State

27. City & State

23. PANAMA CITY, FL  
Zip Country

28. PANAMA CITY, FL  
Zip Country

24. 32405

25. U.S.A.

29. 32405

30. U.S.A.

9. Name and Address of Current Registered Agent

JELKS, ALLEN N., JR.  
239 E FOURTH ST.  
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

Signature, type, or printed name of registered agent and the taxpayer.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

NAME: PSD  
STERN, HELEN A.  
STREET ADDRESS: 6642 SANDRA RD.  
CITY-ST-ZIP: PANAMA CITY FL 32409

TITLE: VTD  
NAME: STERN, ROBERT W  
STREET ADDRESS: 2640 W. 10TH STREET  
CITY-ST-ZIP: PANAMA CITY FL 32401

☐ DELETE

TITLE: ☐ DELETE  
NAME: ☐ DELETE  
STREET ADDRESS: ☐ DELETE  
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STREET ADDRESS: ☐ DELETE  
CITY-ST-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VTD ☐ Change ☒ Addition

1.2 NAME ROB D. STERN

1.3 STREET ADDRESS 215 BIRDIE LANE

1.4 CITY-ST-ZIP PANAMA CITY, FL 32407 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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.

SIGNATURE: *Helen A. Stern* HELEN A. STERN

2/5/96

904-769-5845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)