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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 698677

1. Corporation Name
 BAY COAST PETROLEUM, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1202B W 19TH ST, PANAMA CITY FL 32405, US
 Mailing Address: 1202B W 19TH ST, PANAMA CITY FL 32405, US

3. Date Incorporated or Qualified: 08/12/1981
 4. FEI Number: 59-2116132
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 8815 THUNDERBIRD DR., 22 Suite, Apt. #, etc.
 2a. Mailing Address: 26 8815 THUNDERBIRD DR., 27 Suite, Apt. #, etc.
 23 City & State: PENSACOLA, FL
 28 City & State: PENSACOLA, FL
 24 Zip: 32514-5662, 25 Country: US
 29 Zip: 32514-5662, 30 Country: US

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD STERN, HELEN A.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1503 E 14TH CT	1.2 NAME	
STREET ADDRESS	LYNN HAVEN FL	1.3 STREET ADDRESS	8815 THUNDERBIRD DR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PENSACOLA, FL 32514-5662
TITLE	VTD STERN, ROB D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1503 E 14TH CT	2.2 NAME	
STREET ADDRESS	LYNN HAVEN FL	2.3 STREET ADDRESS	8815 THUNDERBIRD DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PENSACOLA, FL 32514-5662
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Helen A. Stern 4/21/99 850-475-0006
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)