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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **708994** **(9)**

1. Corporation Name

**BAY COUNTY ASSOCIATION OF REALTORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1123 HARRISON AVE.<br>PANAMA CITY FL 32401 | 1123 HARRISON AVE.<br>PANAMA CITY FL 32401-2430 |

3. Date Incorporated or Qualified: 05/20/1965
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-1440029 ☐ 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

9. **Name and Address of Current Registered Agent**

**ELEANOR, BURROSS**
**1123 HARRISON AVE.**
**PANAMA CITY FL 32401**

10. **Name and Address of New Registered Agent**

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☒ DELETE | 1.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | STERRETT, ROBERT D. | | 1.2 NAME | JEGG, JOE W. | |
| STREET ADDRESS | 2112 SOUTH HWY 77 - STE B | | 1.3 STREET ADDRESS | 702 S TYNDALL PKWY | |
| CITY-ST-ZIP | LYNN HAVEN FL | | 1.4 CITY-ST-ZIP | PANAMA CITY, FL 32404 | |
| TITLE | PE | ☒ DELETE | 2.1 TITLE | PE | ☐ Change ☒ Addition |
| NAME | JEGG, JOE W | | 2.2 NAME | CREEKMORE, CHERRY H. | |
| STREET ADDRESS | 702 SOUTH TYNDALL PKWY | | 2.3 STREET ADDRESS | 6504 THOMAS DR | |
| CITY-ST-ZIP | PANAMA CITY FL | | 2.4 CITY-ST-ZIP | PANAMA CITY BEACH, FL 32408 | |
| TITLE | T | ☒ DELETE | 3.1 TITLE | T | ☐ Change ☒ Addition |
| NAME | HINMAN, E STEVE | | 3.2 NAME | TINA MULRAIN | |
| STREET ADDRESS | 702 S TYNDALL PKWY | | 3.3 STREET ADDRESS | 949 JENKS AVE | |
| CITY-ST-ZIP | PANAMA CITY FL | | 3.4 CITY-ST-ZIP | PANAMA CITY, FL 32401 | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MILLER, DIAN | | 4.2 NAME | | |
| STREET ADDRESS | 6102 E HWY 98 | | 4.3 STREET ADDRESS | S - REMAINS (STILL DIAN MILLER) | |
| CITY-ST-ZIP | PANAMA CITY FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | HILL, HAROLD | | 5.2 NAME | TONY GIANDOLFI | |
| STREET ADDRESS | 726 THOMAS DRIVE | | 5.3 STREET ADDRESS | 702 S TYNDALL PKWY | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL | | 5.4 CITY-ST-ZIP | PANAMA CITY, FL 32404 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MARSHALL, ANN | | 6.2 NAME | BILL STECKBAUER | |
| STREET ADDRESS | 2551 JENKS AVENUE | | 6.3 STREET ADDRESS | 702 S TYNDALL PKWY | |
| CITY-ST-ZIP | PANAMA CITY FL | | 6.4 CITY-ST-ZIP | PANAMA CITY, FL 32404 | |

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [illegible] 26 Mar 97 President (904) 763-8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0009394