

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 765030 (2)**

1. Corporation Name

**MARTIN BAYOU MANAGEMENT CORPORATION**

Principal Place of Business

Mailing Address

4820 N. LAKEWOOD DR.  
PANAMA CITY FL 32404  
US

4820 N LAKEWOOD DR  
PANAMA CITY FL 32404  
US



3. Date Incorporated or Qualified  
**09/15/1982**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

4. FEI Number

**06-0416470**

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

10. Name and Address of New Registered Agent

**FAUCHEUX, PATRICK J.  
845 JENKS AVE.  
PANAMA CITY FL 32401**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCOFIELD, RAYMOND ☒ DELETE  
STREET ADDRESS 6506 LAKE DR.  
CITY-ST-ZIP PANAMA CITY FL

TITLE VD  
NAME SMITH, MICHAEL ☒ DELETE  
STREET ADDRESS 842 NILES DR.  
CITY-ST-ZIP PANAMA CITY FL

TITLE SD  
NAME ST. MARTIN, HENRI ☐ DELETE  
STREET ADDRESS 7509 SARA LANE  
CITY-ST-ZIP PANAMA CITY FL

TITLE TD  
NAME RADCLIFF, ROBERT ☐ DELETE  
STREET ADDRESS 902 JOAN LANE  
CITY-ST-ZIP PANAMA CITY FL

TITLE D  
NAME SIDNEY, KENNETH ☐ DELETE  
STREET ADDRESS 521 SOUTH STAR AVE.  
CITY-ST-ZIP PANAMA CITY FL

TITLE D  
NAME BAUBLIS, JOSEPH ☐ DELETE  
STREET ADDRESS 2018 SHAMROCK LANE  
CITY-ST-ZIP LYNN HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition  
1.2 NAME SMITH, MICHAEL  
1.3 STREET ADDRESS 842 NILES DR  
1.4 CITY-ST-ZIP PANAMA CITY FL 32404

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME ALLICK, JAMES  
2.3 STREET ADDRESS 4504 MISTY LANE  
2.4 CITY-ST-ZIP LYNN HAVEN FL 265-9385

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE:

*Robert Radcliff* ROBERT RADCLIFF  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96  
Date

904-286-6500  
Daytime Phone #

CR2E037 (12/95)