


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 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 # 765030 (2)			
1. Corporation Name MARTIN BAYOU MANAGEMENT CORPORATION			
Principal Place of Business 4820 N. LAKEWOOD DR. PANAMA CITY FL 32404 US		Mailing Address 4820 N LAKEWOOD DR PANAMA CITY FL 32404-6621 US	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 09/15/1982		3a. Date of Last Report 02/01/1996	
4. FEI Number 06-0416470		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent FAUCHEUX, PATRICK J. 845 JENKS AVE. PANAMA CITY FL 32401		10. Name and Address of New Registered Agent 81 Name ROBERT RADCLIFF 82 Street Address (P.O. Box Number is Not Acceptable) 902 JOAN LANE 83 84 City PANAMA CITY FL 85 Zip Code 32404	
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 ROBERT RADCLIFF (NOTE: Registered Agent signature required when reinstating) DATE 4/18/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MICHAEL 842 NILES DRIVE PANAMA CITY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D WHEELER, RICHARD 1447 PARKWAY DRIVE PANAMA CITY, FL 32404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLICK, SAMUEL 4504 MISTY LANE LYNN HAVEN FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ST. MARTIN, HENRI 7509 SARA LANE PANAMA CITY FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD MURRAY, JOHN 312 N. JAMES AVE PANAMA CITY, FL 32404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RADCLIFF, ROBERT 902 JOAN LANE PANAMA CITY FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDNEY, KENNETH 521 SOUTH STAR AVE. PANAMA CITY FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUBLIS, JOSEPH 2018 SHAMROCK LANE LYNN HAVEN FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ROBERT RADCLIFF DATE 4/18/97 904-286-6500			

CP2E037 (9/96)