

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jul 08, 1999 8:00 am  
Secretary of State

07-08-1999 90024 008 \*\*\*\*70.00

DOCUMENT # 765030

1. Corporation Name

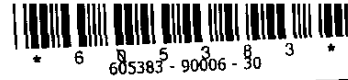
MARTIN BAYOU MANAGEMENT CORPORATION

Principal Place of Business

4820 N. LAKEWOOD DR.  
PANAMA CITY FL 32404  
US

Mailing Address

4820 N LAKEWOOD DR  
PANAMA CITY FL 32404  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/15/1982

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

9. Name and Address of Current Registered Agent

RADCLIFF, ROBERT  
902 JOAN LANE  
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name

Michael D. Smith

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

842 miles DRIVE

83

84 City

Callaway

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

Michael D. Smith

Michael D. Smith

July 13, 1999

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 D ☒ DELETE  
NAME SIDNEY, KENNETH  
STREET ADDRESS 521 S STAR AVE  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE PD ☒ DELETE  
NAME ALLICK, SAMUEL  
STREET ADDRESS 4504 MISTY LANE  
CITY-ST-ZIP LYNN HAVEN FL

TITLE SD ☒ DELETE  
NAME KATTS, STEPHEN  
STREET ADDRESS 757 WESTWOOD BEACH CIR  
CITY-ST-ZIP PANAMA CITY FL 32413

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

TITLE VD ☒ DELETE  
NAME KUCZENSKI, DOUGLAS  
STREET ADDRESS 909 FRANKFORD AVE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☒ DELETE  
NAME PROBST, RICHARD  
STREET ADDRESS 2943 E 11TH ST  
CITY-ST-ZIP PANAMA CITY FL 32401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☒ Change ☐ Addition  
1.2 NAME Chairman/director  
1.3 STREET ADDRESS Michael D. Smith  
1.4 CITY-ST-ZIP 842 miles DRIVE  
Callaway, FL 32404

2.1 TITLE D/V ☒ Change ☐ Addition  
2.2 NAME Vice president/director  
2.3 STREET ADDRESS Carl DeSieno  
2.4 CITY-ST-ZIP 4920 Bearsey AVE  
Parker, FL 32404

3.1 TITLE D/S ☒ Change ☐ Addition  
3.2 NAME Secretary/director  
3.3 STREET ADDRESS Raymond Fradette  
3.4 CITY-ST-ZIP 620 Arrow St  
Parker, FL 32404

4.1 TITLE D/T ☒ Change ☐ Addition  
4.2 NAME TREASURER/director  
4.3 STREET ADDRESS Edward Wisniewski  
4.4 CITY-ST-ZIP 4627 meadow St  
Parker, FL 32404

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME director  
5.3 STREET ADDRESS Rudolph Charette  
5.4 CITY-ST-ZIP 622 Georgia AVE  
Callaway, FL 32404

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME director  
6.3 STREET ADDRESS E Thomas John, JR  
6.4 CITY-ST-ZIP 2905 Harrison Ave, Apt G  
Panama City, FL 32405

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 617, 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:

Michael D. Smith July 13, 1999 (850) 871-0613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)