SECOND MOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR REFORE SALVE: \$225 (IF DISSOLVED, MINISHUM AMOUNT DUE TO REHISTATE: \$375) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED SECRETARY OF STATE Secretary of State 1995 DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS **DOCUMENT # F33567** (1)95 JUN 21 AMID: 19 CENTURY 21 BAY PROPERTIES, INC. Principal Place of Business Mading Address 837 GRACE AVENUE 837 GRACE AVENUE PANAMA CITY FL 32401 PANAHA CITY FL 32401 DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 3s. Date of Last Report 05/06/1981 05/01/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2094620 21 28 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s. 199,032, 30 Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COVERT, R. FRED 82 Street Address (P.O. Box Number is Not Acceptable) 316 REDCEDAR LANE PANAMA CITY BCH FL 32407 **B3** R4 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agont signature required when reinstating) CATE 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/95) TITLE Addition 1 1 TITLE Change COVERT, R. FRED NAME 1.2 NAME 316 REDCEDAR LANE STREET ADDRESS 1.3 STREET ADDRESS Panama City BCH FL CITY S1-ZIP 14 CITY - ST - ZIP THLE 21 TITLE Change Addition STREET ADDRESS 23 STREET ADDRESS CITY - ST-ZIP 2 4 CITY - ST - ZIP TITL F Change Addition 3 1 DTLF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 34 CITY-ST-ZIP TITLE 41 TITLE Change Addition SMOUNT 42 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST-ZIP TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY SI-7IP 54 CITY - ST - ZIP Change TITLE 6 1 111LE Addition NAME 62 HAME STREET ADDRESS 63 STREET ADDRESS CITY - ST-ZIP 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this illing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)N, Florida Statutes. I further certify that the information indicated on this annual report or supplementaring furnished and does not qualify for the exemption stated in Section 119.07(3)N, Florida Statutes. I further certify that the information indicated on this natural report or supplementaring furnished and does not qualify for the exemption stated in Section 119.07(3)N, Florida Statutes. I further certify that the information indicated on this natural report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYDES ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006418