FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F9300000379 (8) DOCUMENT # 1. Corporation Name

BAY CITY MANAGEMENT INC

Principal Place of Business	Mailing Address	
P.O. BOX 1307 MOBILE AL 36633	P.O. BOX 1307 MOBILE AL 36633	

3. Date incorporated or Qualified 3a. Date of Last Report

										01/26/1993		(3/20/1	995
The same of the sa					Mailing Address			4. FEI Number				Applied For		
21					26				63-081203	3			Not Applicable	
22	Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status	Desired			5 Additional Required
	City & State				City & State					6. Election Campaign I	Financing			00 May Be
23				28	28					Trust Fund Contribu	_			ed to Fees
	Zip		Country		Zip		Country			8. This corporation has	s liability for in	tanoible ta	· · · · · · · · · · · · · · · · · · ·	
24			25	29		30				Florida Statutes	🗀 Yes			,
Name and Address of Current Registered Agent										10. Name and Addres	s of New Re	gistered	Agent	
								Name						
LEUCHTMAN, GARY B								Street	Address	s (P.O. Box Number is N	ot Accontable			
P.O. BOX 12950								Suger	Audres	SS (F.O. DOX NOMBER IS N	от Ассертавіє	"		
3 WEST GARDEN STREET, SUITE 700							83							
		COLA FL		•								<u> </u>		
			JEV. 0				84	City				FI	85 2	ip Code
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	or registered agent, or both, in the State of Florida. Such change was atthorized 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.													
SIC	GNATURE _									· · · · · · · · · · · · · · · · · · ·	r			
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	1	_					1.3 STREET							
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	·		ELL, RICHARD				2 2 NAME							
	EFF ADDRESS		OLD SHELL ROAD				2 3 STREET		-					
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14.	I do hereby	certify that	the information supplied	with this	filing is voluntar	rily furnished			alify for t	the exemption stated in S	ection 119.0	7(3)(k). Flor	ida Statu	rtes 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 22/96 (334) 434-2504