FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:31

DOCUMENT # F94381 (3)

1. Corporation Name
TOM KING BAYOU DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
6706 N NINTH AVE #D-3 PENSACOLA FL 32504	6706 N NINTH AVE #D-3 PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 08/11/1982
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-0223962 ☐ 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
EMMANUEL, PATRICK
30 S. SPRING ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAROCO, J H
STREET ADDRESS	3000 BLACKSHEAR
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	GODWIN, ELBY
STREET ADDRESS	46 STAR LAKE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	MITCHELL, RONIE H
STREET ADDRESS	5657 PENSACOLA BLVD.
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	ESTES, JAMES T
STREET ADDRESS	P.O. BOX 26 N/A
CITY-ST-ZIP	CANTONMENT FL
TITLE	SD
NAME	GREENHUT, DUDLEY H
STREET ADDRESS	23 S A ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	VP
NAME	BAROCO, J.H. J
STREET ADDRESS	6706 NORTH 9TH AVENUE
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: _____ J. H. BAROCO, JR. - VP 2/15/95 (904)470-2441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date