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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000006325 (3)
 1. Corporation Name
H & M BAY, INC.

Principal Place of Business: **4438 E NEW MARKET/HURLOCK HWY HURLOCK MD 21643**
 Mailing Address: **4438 E NEW MARKET/HURLOCK HWY HURLOCK MD 21643**



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

2a. Mailing Address
 26 **P.O. Box J**
 Suite, Apt. #, etc.
 27 City & State
 28 **Hurlock MD**
 Zip Country
 29 **21643** 30 **U.S.A.**

3. Date Incorporated or Qualified: **12/29/1995**
 3a. Date of Last Report: **12/18/1996**

4. FCI Number: **52-1930791**
 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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

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, if applicable, (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYMAN, LAWRENCE	12 NAME	
STREET ADDRESS	4438 E NEW MARKET/HURLOCK HWY	13 STREET ADDRESS	
CITY-ST-ZIP	HURLOCK MD 21643	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSICK, WALTER	22 NAME	
STREET ADDRESS	4438 E NEW MARKET/HURLOCK HWY	23 STREET ADDRESS	
CITY-ST-ZIP	HURLOCK MD 21643	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAULSBURY, AL	32 NAME	
STREET ADDRESS	4438 E NEW MARKET/HURLOCK HWY	33 STREET ADDRESS	
CITY-ST-ZIP	HURLOCK MD 21643	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, WAYNE	42 NAME	
STREET ADDRESS	4438 E NEW MARKET/HURLOCK HWY	43 STREET ADDRESS	
CITY-ST-ZIP	HURLOCK MD 21643	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, K. KING	52 NAME	
STREET ADDRESS	4438 E NEW MARKET/HURLOCK HWY	53 STREET ADDRESS	
CITY-ST-ZIP	HURLOCK MD 21643	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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

SIGNATURE: *Albert W. Saulsbury III* Albert W. Saulsbury III 4/11/97 410-943-4954

CR2E034 (9/96)