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Feb 27 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 # **G25960** (7)

1. Corporation Name
BAY CLAY & SAND, INC.



Principal Place of Business
**P.O. BOX 67
LYNN HAVEN FL 32244**

Mailing Address
**P.O. BOX 67
LYNN HAVEN FL 32444-0067**

3. Date Incorporated or Qualified 03/02/1983	3a. Date of Last Report 07/25/1996
4. FEI Number 59-2359361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CATO, H. THOMAS 301 ILLINOIS AVENUE LYNN HAVEN FL 32444	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE CATO, H. THOMAS 301 ILLINOIS AVE LYNN HAVEN FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CATO, H. THOMAS		1.2 NAME	
STREET ADDRESS 301 ILLINOIS AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP LYNN HAVEN FL		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE SUTOR, ALEX 2111 HIGH ROAD TALLAHASSEE FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SUTOR, ALEX		2.2 NAME	
STREET ADDRESS 2111 HIGH ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE NIX, CATHERINE 4852 BAYWOOD DRIVE PANAMA CITY FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NIX, CATHERINE		3.2 NAME	
STREET ADDRESS 4852 BAYWOOD DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE SCHWARTZ, CARLTON 315 IOWA AVENUE LYNN HAVEN FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SCHWARTZ, CARLTON		4.2 NAME	
STREET ADDRESS 315 IOWA AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP LYNN HAVEN FL		4.4 CITY-ST-ZIP	
TITLE C	<input type="checkbox"/> DELETE VINES, ROLAND 100 COUNTRY CLUB DRIVE LYNN HAVEN FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME VINES, ROLAND		5.2 NAME	
STREET ADDRESS 100 COUNTRY CLUB DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP LYNN HAVEN FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 supplement to an 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: **X** *[Signature]* **2-25-97** **904 769-9136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)