

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90068 010 ***150.00

DOCUMENT # G25960

1. Corporation Name

BAY CLAY & SAND, INC.

Principal Place of Business

BOX 67
LYNN HAVEN FL 32244

Mailing Address

P.O. BOX 67
LYNN HAVEN FL 32244



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1983

4. FEI Number

59-2359361

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

24

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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 CATO, H. THOMAS

82 Street Address (P.O. Box Number is Not Applicable)
2622 N McARTHUR AVE

83

84 City Panama City FL 85 Zip Code 32405

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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CATO, H. THOMAS
STREET ADDRESS 301 ILLINOIS AVE
CITY-ST-ZIP LYNN HAVEN FL

TITLE V ☐ DELETE

NAME SUTOR, ALEX
STREET ADDRESS 2111 HIGH ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE S ☐ DELETE

NAME NIX, CATHERINE
STREET ADDRESS 4652 BAYWOOD DRIVE
CITY-ST-ZIP PANAMA CITY FL

TITLE T ☐ DELETE

NAME SCHWARTZ, CARLTON
STREET ADDRESS 315 IOWA AVENUE
CITY-ST-ZIP LYNN HAVEN FL

TITLE C ☐ DELETE

NAME VINES, ROLAND
STREET ADDRESS 100 COUNTRY CLUB DRIVE
CITY-ST-ZIP LYNN HAVEN FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

850 769 9136

Date

Daytime Phone #

CR2E034 (11/98)