FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G70283** **(8)**

1. Corporation Name

NORTH BAY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
% BILL PERRY 1606-A TENNESSEE AVENUE LYNN HAVEN FL 32444	% BILL PERRY 1606-A TENNESSEE AVENUE LYNN HAVEN FL 32444

2. Principal Place of Business	2a. Mailing Address
21 1717 Tennessee Avenue	26 1717 Tennessee Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lynn Haven, FL	City & State 28 Lynn Haven, FL
Zip 24 32444 Country 25 Bay	Zip 29 32444 Country 30 Bay

3. Date Incorporated or Qualified: 11/10/1983	3a. Date of Last Report: 03/21/1995
4. FEI Number: 59-2360130	☐ 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 XX Yes ☐ No	

9. Name and Address of Current Registered Agent

PERRY, BILL
1606-A TENNESSEE AVENUE
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name: Bill Perry
82 Street Address (P.O. Box Number is Not Acceptable): 1717 Tennessee Avenue
83
84 City: Lynn Haven, FL 85 Zip Code: 32444

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 required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	XX Change ☐ Addition
NAME	PERRY, BILL	1.2 NAME	
STREET ADDRESS	1606 A TENNESSEE AVE	1.3 STREET ADDRESS	1717 Tennessee Avenue
CITY-ST-ZIP	LYNN HAVEN, FL 00000	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: Bill Perry 1/30/96 (904) 265-5088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #