


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

FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90038 047 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G70283 1. Corporation Name NORTH BAY CONSTRUCTION, INC.					
Principal Place of Business 1717 TENNESSEE AVE LYNN HAVEN FL 32444 US			Mailing Address 1717 TENNESSEE AVE LYNN HAVEN FL 32444 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/10/1983	
22 City & State		27 City & State		4. FEI Number 59-2360130	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PERRY, BILL 1717 TENNESSEE AVE LYNN HAVEN FL 32444			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		NAME		1.1 TITLE	
NAME		PERRY, BILL		1.2 NAME	
STREET ADDRESS		1717 TENNESSEE AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP		LYNN HAVEN, FL 00000		1.4 CITY-ST-ZIP	
TITLE		NAME		2.1 TITLE	
NAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRESS	
CITY-ST-ZIP				2.4 CITY-ST-ZIP	
TITLE		NAME		3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				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 REQUIRED**

01/08/99

850-265-5088

Date

Daytime Phone #

CR2034 (11/98)