## 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

## DOCUMENT # J67470

1. Corporation Name

BAY CARINET WORKS INCORPORATED

	DINET MOTIKO, MOOTILO	INIEU						
Principal Plac	e of Business	Mailing Address				7	IIMII AINIS DENE NION DI	
2325 TRANSMI		2325 TRANSMITTER ROAD					•	
PANAMA CITY-FL 32404 PANAMA CITY-FL 32404 US						DO NOT WRITE'IN	THIS SPACE	
•						3. Date Incorporated or Qualifed 04/10/1987		
2. Principal P	lace of Business	2a. Mailing Address		•		4. FEI Number	Apı	plied For
21		26				59-2790418	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			·		\$8.75 A	dditional
22		27				5. Certificate of Status Desired	Fee Re	quired
City & Stat	e ·	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country Zip			Country		8. This corporation owes the current year Intangible		
24	25	29	30	· · · · · ·		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent		04		10. Name and Address of New Register	ered Agent	
LIAT	HAWAY DICKY E			81	Name			
400	HAWAY, RICKY E I E 9TH ST			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32401				83				
				84	City		FL 85 Zip C	ode
44 Diversion	As the associations of Continue 607.05	02 and 607 1509 Elorido Statu	toe the a	boyes	named como	ration submits this statement for the purpos		registered
office or i	egistered agent or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	authorized	d by th	he corporation	's board of directors. I hereby accept the a	appointment as reg	istered
SIGNATURE		,,						Į.
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT)	E: Registered	Agent s	signature required			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	PSTD	☐ DELETE	1.1 TI	TLE				
NAME :	HATHAWAY, RICKY E						Change	☐ Addition
STREET ADDRESS	AAAA E ATU OT		1.2 N	AME			☐ Change	
	4001 E 9TH ST				ADDRESS		□ change	
CITY-ST-ZIP	PANAMA CITY FL		1.3 \$					_
CITY-ST-ZIP TITLE		☐ DELETE	1.3 \$	TREET A			☐ Change	Addition
		☐ DELETE	1.3 S	TY-ST-				_
TITLE		☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N	TREET A TY-ST- TLE AME				_
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	1.3 ST 1.4 CC 2.1 TC 2.2 NV 2.3 ST 2.4 CC 3.1 TC 3.2 NV 3.3 ST	TREET A TY-ST- TLE TREET A TREET A TLE TLE TREET A TLE AME	ADDRESS ADDRESS		☐ Change	Addition
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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.

850-7854170

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90141 045 \*\*\*150.00