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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K17004

Country

25

(8)

Mailing Address
125 W ROMANA ST

2a. Mailing Address

City & State

28 Zip

29

Suite, Apt. #, etc.

PENSACOLA FL 32501-5849

SUITE 222

BAY FABRICATION, INC.

Precipal Pace of Business

2. Principal Place of Business

125 W ROMANA ST SUITE 222

PENSACOLA FL 32501

Suite, Apt. #. etc.

City & State

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FILED
May 02 1997 8:00am
Secretary of State

3. Date Incorporated or Qualified 03/04/1988		Date of Last Report					
4. FEI Number 59-2888500	h	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					

8. This corporation has liability for intangible tax under s. 199.032,

9. Name and Address of Current Registered Agent

LOZIER, DANIEL R.

125 W ROMANA ST SUITE 222

SUITE 344, BLOUNT BUILDING
PENSACOLA FL 32501

10. Name and
81 Name
82 Street Address (P.O. Box Nu

	Florida Statutes	Yes [No.	
T	10. Name and Address of	f New Registered A	gent	
81	Name			
82	Street Address (P.O. Box Number is Not	Acceptable)		Marial 1881 1884 1884 18 44 1844
83				
84	City	C)	85	Zip Code

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.

Country

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SIGNATURE Signal of the procession of a pictured agent and tribid applicable (NOTE: Registered Agent signature required when reinstating) DATE									
	Signal and Typed or presess which of the globered agent and title disapitical	th (NOTE R	egistered Agent signature	required when reinstalling) (IA		01446			
12.	OFFICERS AND DIRECTORS	A FLEXE	13.	ADDITIONS/CHANGES TO OFFICERS					
1i] ,F	Υ	DELETE	1.1 TITLE		Change	Addition			
NAME	d'Isernia, Brian		1.2 NAME						
STREET KODINESS	2200 NELSON ST		1.3 STREET ADDRESS						
CHY+\$1-78°	PANAMA CITY FL		1.4 CITY-ST-ZIP						
TH.T		DELETE	2.1 TITLE		☐ Change	Addition			
NAME			2.2 NAME						
SHEET ADDRESS			2.3 STREET ADDRESS						
CH2 51-Zer 1			2 4 CITY - ST- ZIP			ŀ			
ld.t		DELETE	3 1 TITLE		Change	Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CHY+\$1-761			3.4 CITY-ST-ZIP						
1056		☐ DELETE	4.1 TITLE		Change	Addition			
NAM:			4. 2 NAME						
SPREEF 400H.51			4.3 STREET ADDRESS						
CHY SEZIF			4.4 City - ST - ZiP						
The		DELETE	5.1 TITLE		Change	Addition			
NAV:		·	5.2 NAME						
STREET ADDITION			5.3 STREET ADDRESS						
COY+S1+702			5.4 CITY-ST-ZIP						
Tild F		DELETE	6.1 TITLE		Change	Addition			
NAVE:			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
C(17-51-2)P			6.4 CITY-ST-ZIP	440.07(0)/// Florid- Construction					

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 supplemental annual report is true and accurate and that my signature shall have the same logal 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 open an attachment with an address.

SIGNATURE:

Brian R. D'Isernia 4/25/97

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(904) 763-1900