

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:40

DOCUMENT # **K68849** (4)

1. Corporation Name
ST. ANDREW BAY PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
% ROGER T. RHODES 702 S. TYNDALL PARKWAY, SUITE B PANAMA CITY FL 32404	% ROGER T. RHODES 702 S. TYNDALL PARKWAY, SUITE B PANAMA CITY FL 32404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1989	3a. Date of Last Report 01/26/1994
4. FEI Number 59-2947092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**RHODES, ROGER T.
702 S. TYNDALL PARKWAY
SUITE B
PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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.

SIGNATURE _____
(Signature of registered agent, or both registered agent and corporation)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RHODES, ROGER T.
STREET ADDRESS	106 CHELSEA DR.
CITY, ST, ZIP	LYNN HAVEN FL
TITLE	S
NAME	TIMMINS, STANLEY
STREET ADDRESS	4826 BAYWOOD DR.
CITY, ST, ZIP	LYNN HAVEN FL
TITLE	S
NAME	MCCOY, ELKE M.
STREET ADDRESS	100 CHERRY ST. APT 801
CITY, ST, ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	ZIP 32444
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	ZIP 32444
9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	ZIP 32401
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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 193.032(4)(b), 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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roger T. Rhodes* **ROGER T. RHODES** **904-763-1769**