## 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 # K68849

(4)

ST. ANDREW BAY PROPERTY MANAGEMENT, INC.

% ROGER T. RHODES % ROGER T. 702 S. TYNDALL PARKWAY, SUITE B 702 S. TYND.		Mailing Address		i indicatili din divina indica langa didik indik didik didik didik didik didik didik didik 1808	
		% ROGER T. RHODES 702 S. TYNDALL PARKWAY, SUITE B PANAMA CITY FL 32404-6928			
				3. Date Incorporated or Qualified 02/21/1989	3a. Date of Last Report 05/01/1996
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21]		26		59-2947092	Not Applicable
Suite, Apt 1	#, etc	Suite, Apt. #, etc.			\$9.75 Addis1
:2		27		5. Certificate of Status Desired	Fee Required
— City & State ≕i		City & State		6. Election Campaign Financing	\$5.00 May Be
3	. 1	28	T	Trust Fund Contribution	Added to Fees
Ζιρ 1	Country	Zip	Country	8. This corporation has liability for	
4	25 9. Name and Address of Cure	rent Registered Agent	30	Florida Statutes  10. Name and Address of New Re	Yes No
		our neglatored Again	81 Name	TO. Name Brid Address of New A	igistered Agent
	DES, ROGER T.				
	S. TYNDALL PARKWAY		62 Street Ac	dress (P.O. Box Number is Not Accepta	ble)
SUN			63		
PAN	AMA CITY FL 32404				
			<b>84</b> City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0	502 and 607 1508 Florida Statu	tes the above-named co	orporation submits this statement for the	Durnone of changing its registeres
OPICE OF R	egistered agent, or both, in the Sta n familiar with, and accept the ob	ite of Florida. Such change was	authorized by the coroor	ration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE					
	Shoratore Typodies protocic area of negotiered		TE: Registered Agent signature red	<u></u>	DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
I'll F	PUODEO POOED T	DELETE	1.1 TITLE		Change Addition
NAME STOCK LANGUAGE	RHODES, ROGER T.		1.2 NAME		
STREET ACCURECE	106 CHELSEA DR.		1.3 STREET ADDRESS	2-16	2 stant.
Diffy S1-735 Tifte	LYNN HAVEN FL	DELETE	1.4 CITY - ST - ZIP	<del>617 -</del>	<i>&gt;2147</i>
NAMé.	TIMMINS, STANLEY	L OLLCIE	2.1 TITLE		☐ Change ★ Addition
STREET ADDRESS	4626 BAYWOOD DR.		2.2 NAME		
CITY ST 20°	LYNN HAVEN FL		2.3 STREET ADDRESS	21P- 3	2444
THILF	S	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	2,7 - 3	☐ Change ★ Addition
SAME	MCCOY, ELKE M.		3.2 NAME	7-	The Change Addition
STREET ADDRESS	100 CHERRY ST. APT 801		3.3 STREET ADDRESS		
Offy St Zit	PANAMA CITY FL		3.4 CITY-ST-ZIP	21P -	32401
TIRE	THIS IN CITE 1	DELETE	4.1 TITLE		Change Addition
NAME		<del></del>	4. 2 NAME		and a self of the second
STEELE ADORESS			4.3 STREET ADDRESS		
0.01Y+S1-20F			4.4 CITY - ST - ZIP		
THAT		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAM <del>I</del>			5.2 NAME		
STHEET AT ORESS			5.3 STREET ADDRESS		
Údar S1-7β			5 4 CITY - ST - ZIP		
TELLE		DELETE	6.1 TITLE		Change Addition
NGME			6.2 NAME		•
STREET ADORESS			6 3 STREET ADDRESS		
Oth - \$1 - 76*			6.4 CITY-ST-ZIP		
14. Lab Fereb	y certify that the information supp	lied with this filing does not qual	ify for the exemption stat	ted in Section 119.07(3)(i), Florida Statute	s. I further certify that the
ham an off	ficer or airector of the conforation Block 12 or Block 13	or the receiver or trustee empoy	rige and accurate and the vered to execute this rep dress	nat my signature shall have the same leg port as required by Chapter 607, Florida s	arenect as it made under oath; tha Statutes; and that my name

SIGNATURE:

MARCH 7, 1997 904-763-1769

**FILED** 

Mar 12 1997 8:00am

Secretary of State