

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L16698 (7)  
1. Corporation Name  
MILL BAYOU DEVELOPMENT COMPANY, INC.

Principal Place of Business  
431 OAK AVE  
POB 2523  
PANAMA CITY FL 32402

Mailing Address  
PO BOX 2523  
PANAMA CITY FL 32402  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/19/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2870125	
24 Country		29 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEWIS, H.M.  
431 OAK AVE  
PANAMA CITY FL 32402

10. Name and Address of New Registered Agent

81 Name	Joe F. Moore		
82 Street Address (P.O. Box Number is Not Acceptable)	1200 W. Beach Drive		
83			
84 City	PANAMA City	FL	85 Zip Code 32401

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]* Joe F. Moore 4-27-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, H.M.			12 NAME			
STREET ADDRESS	715 BUENA VISTA BLVD			13 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			14 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, JOE F.			2.2 NAME	Joe F. Moore		
STREET ADDRESS	1200 BEACH DR			2.3 STREET ADDRESS	1200 W. Beach Drive		
CITY-ST-ZIP	PANAMA CITY FL			2.4 CITY-ST-ZIP	Panama City, Florida 32401		
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, NANCY L.			3.2 NAME	Nancy L. Moore		
STREET ADDRESS	1200 W BEACH DR			3.3 STREET ADDRESS	1200 W. Beach Drive		
CITY-ST-ZIP	PANAMA CITY FL			3.4 CITY-ST-ZIP	Panama City, Florida 32401		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	Eleanor W. Lewis		
STREET ADDRESS				4.3 STREET ADDRESS	715 Buena Vista Blvd		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Panama City, Florida 32401		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	Ger. Castriotta		
STREET ADDRESS				5.3 STREET ADDRESS	701 Redbird Lane		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Lynn Haven, Florida 32444		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.

SIGNATURE *[Signature]* Joe F. Moore 4-27-98 185-705-6200

CR2E034 (10/97)