

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

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

04-26-1999 90140 018 ***150.00

DOCUMENT # L16698

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

3. Date Incorporated or Qualified

09/19/1989

4. FEI Number

59-2970125

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
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 715 Buena Vista Blvd

2a. Mailing Address

26 Suite, Apt. #, etc.

- Suite, Apt. #, etc.

22 City & State

23 Panama City Florida

24 Zip Country

25 32401 USA

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

MOORE, JOE F.
1200 WEST BEACH DRIVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME LEWIS, ELEANOR W.
STREET ADDRESS 715 BUENA VISTA BLVD.
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE PD ☐ DELETE

NAME MOORE, JOE F.
STREET ADDRESS 1200 WEST BEACH DRIVE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE TASD ☐ DELETE

NAME MOORE, NANCY L.
STREET ADDRESS 1200 W BEACH DR
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE S ☐ DELETE

NAME CASTRIOTTA, GERI
STREET ADDRESS 701 REDBIRD LANE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe F. Moore

4-21-99

(850) 785-7174

Date

Daytime Phone #

CR2E034 (11/98)