

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L23461

(1)

1. Corporation Name:

BAYLEN STREET PROPERTIES, INC.

Principal Place of Business

% GREGORY D. SMITH
201 S. BAYLEN ST
PENSACOLA FL 32501

Mailing Address

% GREGORY D. SMITH
201 S. BAYLEN ST
PENSACOLA FL 32501



2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

SMITH, GREGORY D.
201 S. BAYLEN ST
PENSACOLA FL 32501

3. Date Incorporated or Qualified

10/16/1989

3a. Date of Last Report

05/01/1995

4. FLE Number

59-2972961

Applied For
Not Application

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributor

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607 and 608, Florida Statutes, the above named corporation is submitting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change will be authorized by the corporation's Board of Directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Sections 607 and 608, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETED
NAME	HOPKINS, J. EDWARD	
STREET ADDRESS	201 S BAYLEN ST STE B	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	DV	☐ DELETED
NAME	SMITH, GREGORY D.	
STREET ADDRESS	201 S BAYLEN ST STE B	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 and that the report is true and correct, on basis of my personal knowledge. The report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 on Block 13 of this form and on the front cover of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Pres. 4-17-96

904 432-7438

CR2E034 (12/95)