

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M71911 (5)
1. Corporation Name
BAYLEN SLIP, INC.

Principal Place of Business
715 SOUTH PALAFOX STREET
PENSACOLA FL 32501

Mailing Address
P.O. BOX 207
PENSACOLA FL 32591



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 717 South Palafox Street Suite, Apt. #, etc. 22 City & State 23 Pensacola, FL 32501 24 Zip 32501 25 Country USA		2a. Mailing Address 26 P. O. Box 13046 Suite, Apt. #, etc. 27 City & State 28 Pensacola, Florida 29 Zip 32591 30 Country USA		3. Date Incorporated or Qualified 03/15/1988	
		4. FEI Number NOT APPLICABLE		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent MCDAVID, R M 715 SOUTH PALAFOX STREET PENSACOLA FL 32501				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 717 South Palafox Street 83 84 City Pensacola FL 85 Zip Code 32501	

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  R. M. McDavid, Director 4/29/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCDAVID, R.M.		1.2 NAME				
STREET ADDRESS	715 SOUTH PALAFOX STREET		1.3 STREET ADDRESS	717 South Palafox Street			
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Pensacola, FL 32501			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCDAVID, SANDRA J.		2.2 NAME				
STREET ADDRESS	715 SOUTH PALAFOX STREET		2.3 STREET ADDRESS	717 South Palafox Street			
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Pensacola, FL 32501			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
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, as changed, or on an attachment with an address.

1-850-432-0006

CR2E034 (10/97)