

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91272 006 ****61.25

DOCUMENT # N01000001083

1. Entity Name

BAY IN ACTION, INC.

Principal Place of Business

1311 TENNESSEE AVE
 LYNN HAVEN FL 32444

Mailing Address

1311 TENNESSEE AVE
 LYNN HAVEN FL 32444

100040

2. Principal Place of Business

1517 Frankford Avenue
 Suite, Apt. #, etc.

3. Mailing Address

1517 Frankford Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Panama City, FL. 32405

City & State
 Panama City, FL.

4. FEI Number

593701829

Applied For

Not Applicable

Zip
 32405

Country
 Bay/U.S.

Zip
 32405

Country
 Bay/U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORBIN, FRED
 1311 TENNESSEE AVE
 LYNN HAVEN FL 32444

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Fred Corbin

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

(NOTE: Registered Agent signature required when reinstating)

5-1-2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Steve Kanuch 1517 Frankford Avenue Panama City, FL. 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Fred Corbin 1311 Tennessee Ave. Lynn Haven, FL. 32444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Anita Powers 3900 Milano Rd. Panama City, FL. 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sherril Kirkland 1419 Minnesota Ave. Lynn Haven, FL. 32444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Michael Barbour 2212 W. 24th St. Panama City, FL. 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Matt Cole 1305 Ware Dr. Panama City, FL. 32401	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Mary Keith 8628 Helen Ave. Panama City, FL. 32401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fred Corbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2002 (850) 872-1054

Date

Daytime Phone #

CR2E037 (9/01)