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FILED  
May 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42280** (0)

1. Corporation Name

**BAY COUNTY SMALL BUSINESS INCUBATOR, INC.**

Principal Place of Business

Mailing Address

**2500 MINNESOTA AVE.  
LYNN HAVEN FL 32444  
US**

**2500 MINNESOTA AVE.  
LYNN HAVEN FL 32444-4815  
US**



2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/27/1991**

3a. Date of Last Report

**04/18/1996**

4. FEI Number

**59-3073391**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**BABER, LEWIS E.  
2500 MINNESOTA AVENUE  
LYNN HAVEN FL 32444**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Lewis Baber**

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

(NOTE: Registered Agent signature required when reinstating)

**4/23/97**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MILES, KEVAN</b>	
STREET ADDRESS	<b>112 W. 23RD ST.</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLEMONS, GIRARD, JR.</b>	
STREET ADDRESS	<b>438 COVE BLVD.</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>KOEHNEMAN, ROB</b>	
STREET ADDRESS	<b>445 GRACE AVENUE</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	

TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEWART, KEN</b>	
STREET ADDRESS	<b>958 JENKS AVE.</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JINKS, RUSSELL</b>	
1.3 STREET ADDRESS	<b>509 HARRISON AVE., SUITE 206</b>	
1.4 CITY - ST - ZIP	<b>PANAMA CITY, FL 32401</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BOWERS, KEITH</b>	
2.3 STREET ADDRESS	<b>2305 HIGHWAY 77</b>	
2.4 CITY - ST - ZIP	<b>PANAMA CITY, FL 32405</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DARRAH, JOHN</b>	
3.3 STREET ADDRESS	<b>227 HARRISON AVENUE</b>	
3.4 CITY - ST - ZIP	<b>PANAMA CITY, FL 32401</b>	

4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>HAMM, JACK</b>	
4.3 STREET ADDRESS	<b>11 PANAMA CITY MARINA</b>	
4.4 CITY - ST - ZIP	<b>PANAMA CITY, FL 32401</b>	

5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>HAYNES, HAROLD</b>	
5.3 STREET ADDRESS	<b>825 OHIO AVENUE</b>	
5.4 CITY - ST - ZIP	<b>LYNN HAVEN, FL 32444</b>	

6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>HORST, RICK</b>	
6.3 STREET ADDRESS	<b>825 OHIO AVENUE</b>	
6.4 CITY - ST - ZIP	<b>LYNN HAVEN, FL 32444</b>	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

**ROBERT KOEHNEMANN**

**4-23-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (904) 146

CR2E037 (9/96)