

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90112 014 ****61.25

0010471

DOCUMENT # N42280

1. Corporation Name

BAY COUNTY SMALL BUSINESS INCUBATOR, INC.

9/056 - 90112 - 14

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/27/1991

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

9. Name and Address of Current Registered Agent

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

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 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

1/5/99

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 VP ☐ DELETE

NAME **HAMM, JACK**
STREET ADDRESS **11 PANAMA CITY MARINA**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE D ☐ DELETE

NAME **CLEMONS, GIRARD, JR.**
STREET ADDRESS **438 COVE BLVD.**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE DP ☒ DELETE

NAME **HORST, RICK**
STREET ADDRESS **2500 MINNESOTA AVE.**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE DT ☐ DELETE

NAME **JINKS, RUSSELL**
STREET ADDRESS **509 HARRISON AVE SUITE 206**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE S ☐ DELETE

NAME **DAVIS, DOUG**
STREET ADDRESS **2500 MINNESOTA AVE.**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE D ☐ DELETE

NAME **DARRAH, JOHN**
STREET ADDRESS **227 HARRISON AVENUE**
CITY-ST-ZIP **PANAMA CITY FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ 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

Vice President

☐ Change

☒ Addition

3.2 NAME

Dr. Lewis E. Baber
2500 Minnesota Avenue
Lynn Haven, FL 32444

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 617, 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:

Doug Davis

SIGNATURE REQUIRED

1/5/99

(850) 271-1108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)