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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N42280

1. Corporation Name

| BAY CO | unty small business | INCUBATOR, | INC. | | | | , | | 97056 - 90 | 0112 - 14 | |
|--|---|----------------------|------------------------|--|--|--|-----------|--|----------------|------------------|------------------|
| Principal Place of Business 2500 MINNESOTA AVE. LYNN HAVEN FL 32444 US Mailing Address 2500 MINNESOTA AVE. LYNN HAVEN FL 32444 US | | | | | | | | | | | |
| — | lace of Business | 2a. Mailing | g Address | | | | | Date incorporated or 02/27/1991 | Qualifed | | |
| Suite, Apt. | # etc | | Apt. #, etc. | | | | | FEI Number | | | Applied For |
| 22 | ,, o.c. | 27 | • | | | | 1 | 59-3073391 | <u></u> | | Not Applicable |
| City & State | e | City & | State | | | | - | Certifcate of Status D | esired [| 7 | 5 Additional |
| 23 | | 28 | | | | | <u> </u> | Certificate of Status L | resired _ | - Fe | e Required |
| Zip | Country | Zip | | Cou | intry | | 6. | Election Campaign F | inancing E | , , | 00 May Be |
| 24 | 25 | 29 | | 30 | | | | Trust Fund Contribut | ion | Add | led to Fees |
| | 9. Name and Address of Cur | rrent Registered A | \gent_ | | 81 | 1 | 10. | Name and Address | of New Regi | stered Agent | |
| | | | | | וי י ן ו | Name | | | | | _ |
| Baber, Li | ewis e. | | | | 82 | Street Addre | ess (P | O. Box Number is No | ot Acceptable |) | |
| 2500 MINI | NESOTA AVENUE | | | | 83 | | | | | | |
| LYNN HAV | VEN FL 32444 | | | | 63 | | | | | | |
| | | | | | | City | | | | FL | Zip Code |
| 11. Pursuant | to the provisions of Sections 617, egistered agent, or both, in the St | 0502 and 617.1508 | 3, Florida Statute | s, the a | bove-r | named corpo | oration | submits this stateme | nt for the pur | pose of changing | g its registered |
| office or r | egistered agent, or both, in the St m familiar with, and accept the ob | are or Florida. Suci | n channe was a | uuionzet | יווו עט נ | e corporatio |) S DO | ard or directors. I her | eny accept in | o appointment o | a regionalou |
| SIGNATURE | | Baber | | | | | | | | /5/ <u>99</u> | |
| SIGNATORE | Signature, typed or printed name of registered | | | | i Agent si | ignature required | d when re | oinstating) ADDITIONS/CHANGE | | DATE AND DIDE | CTORS IN 12 |
| 12. | OFFICERS | AND DIRECTORS | 2 | | | | | ADDITIONS/CHANGE | | | |
| TITLE | | | | 13. | | | | | 3 TO OFFICE | | |
| | VP | | DELETE | 1.1 70 | | P | | ident | 3 TO OFFICE | ERS AND DIRE | |
| NAME | HAMM, JACK | | | 1.1 TI 1.2 N | AME | | | | 3 TO OFFICE | | |
| NAME STREET ADDRESS | HAMM, JACK 11 PANAMA CITY MARINA | | | 1.1 TO 1.2 No 1.3 ST | AME TREET AL | DORESS | | | S TO OFFICE | | |
| STREET ADDRESS CITY-ST-ZIP | HAMM, JACK 11 PANAMA CITY MARINA PANAMA CITY FL | | ☐ DELETE | 1.1 TO 1.2 No 1.3 ST 1.4 CO | AME TREET AL | DORESS | | | S TO OFFICE | X Cha | nge Additio |
| STREET ADDRESS | HAMM, JACK 11 PANAMA CITY MARINA PANAMA CITY FL D | | | 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI | AME TREET AI ITY-ST-2 TLE | DORESS | | | 3 10 07710 | | nge Additio |
| STREET ADDRESS CITY-ST-ZIP | HAMM, JACK 11 PANAMA CITY MARINA PANAMA CITY FL D CLEMONS, GIRARD, JR. | | ☐ DELETE | 1.1 TI 1.2 No 1.3 Si 1.4 CI 2.1 TI 2.2 No | AME TREET AL ITY-ST-2 TLE · AME | DORESS ZIP | | | S TO OFFICE | X Cha | nge Additio |
| STREET ADDRESS CITY-ST-ZIP TITLE | HAMM, JACK 11 PANAMA CITY MARINA PANAMA CITY FL D CLEMONS, GIRARD, JR. 438 COVE BLVD. | | ☐ DELETE | 1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' | AME TREET AL ITY-ST-2 TLE · AME TREET AL | DORESS ZIP DORESS | | | 3 10 07710 | X Cha | nge Additio |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | HAMM, JACK 11 PANAMA CITY MARINA PANAMA CITY FL D CLEMONS, GIRARD, JR. 438 COVE BLVD. PANAMA CITY FL DP HORST, RICK 2500 MINNESOTA AVE. | | □ DELETE | 1.1 TI 1.2 N 1.3 S' 1.4 CC 2.1 TI 2.2 N 2.3 S' 2.4 CC 3.1 TI 3.2 N 3.3 S' | AME TREET AI TY-ST-2 TLE AME TREET AI CITY-ST- TLE AME TREET AI | DORESS ZIP DORESS ZIP V D DORESS 2 | ice | ident President Lewis E. Ba Minnesota | ber Avenue | X Cha | nge Additio |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | HAMM, JACK 11 PANAMA CITY MARINA PANAMA CITY FL D CLEMONS, GIRARD, JR. 438 COVE BLVD. PANAMA CITY FL DP HORST, RICK 2500 MINNESOTA AVE. LYNN HAVEN FL 32444 DT JINKS, RUSSELL 509 HARRISON AVE SUITE PANAMA CITY FL S DAVIS, DOUG 2500 MINNESOTA AVE. | | DELETE DELETE | 1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 C 5.1 TI 5.2 N 5.3 S' | AME TREET AI TITY-ST-2 TILE TREET AI TR | DORESS ZIP DORESS ZIP V D DORESS ZIP L DORESS ZIP DORESS | ice | ident President Lewis E. Ba Minnesota | ber Avenue | Cha | nge Additio |
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PANAMA CITY FL 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.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 227 HARRISON AVENUE

(850) 271-1108