

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90028 036 ****61.25

DOCUMENT # N42280

1. Entity Name
BAY COUNTY SMALL BUSINESS INCUBATOR, INC.



Principal Place of Business
**2500 MINNESOTA AVE.
LYNN HAVEN, FL 32444 US**

Mailing Address
**2500 MINNESOTA AVE.
LYNN HAVEN, FL 32444 US**

40112315



07072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3073391

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMM, JACK
STREET ADDRESS	11 PANAMA CITY MARINA
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	D
NAME	CLEMONS, GIRARD, JR.
STREET ADDRESS	438 COVE BLVD.
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	VP
NAME	BABER, LEWIS E
STREET ADDRESS	2500 MINNESOTA AVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	DT
NAME	JINKS, RUSSELL
STREET ADDRESS	509 HARRISON AVE SUITE 206
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	S
NAME	WHITT, STEPHEN ^{Waltz,} _{Bob}
STREET ADDRESS	2500 MINNESOTA AVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	DARRAH, JOHN
STREET ADDRESS	227 HARRISON AVENUE
CITY-ST-ZIP	PANAMA CITY, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/08 850-271-1108