

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002049 (2)

1. Corporation Name

"BAYMED STAFFING INC."



Principal Place of Business

Mailing Address

615 NORTH BONITA AVENUE  
PANAMA CITY FL 32401

615 NORTH BONITA AVENUE  
PANAMA CITY FL 32401

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

59-3375726

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, R D  
615 NORTH BONITA AVENUE  
PANAMA CITY FL 32401

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

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 D  
NAME CHAPMAN, JOSEPH F III  
STREET ADDRESS 9412 ROBINSON BAYOU CIRCLE  
CITY-ST-ZIP PANAMA CITY FL 32405

☐ DELETE

TITLE D  
NAME BENNETT, DERRICK G III  
STREET ADDRESS 1827 AIRPORT CIRCLE CLE  
CITY-ST-ZIP PANAMA CITY FL 32405

☐ DELETE

TITLE D  
NAME BRUDNICKI, GREGORY M III  
STREET ADDRESS 2770 TRACY LANE  
CITY-ST-ZIP PANAMA CITY FL 32405

☒ DELETE

TITLE D  
NAME BURCH, HATTIE B  
STREET ADDRESS 1002 MAPLE AVENUE  
CITY-ST-ZIP PANAMA CITY FL 32405

☐ DELETE

TITLE D  
NAME STRINGER, DOUGLAS L  
STREET ADDRESS 2139 BRIARWOOD CIRCLE  
CITY-ST-ZIP PANAMA CITY FL 32405

☐ DELETE

TITLE D  
NAME DICK, ANNE H  
STREET ADDRESS 414 BUNKERS COVE ROAD  
CITY-ST-ZIP PANAMA CITY FL 32401

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Tommy M. Cooley  
2229 Joan Ave.  
Panama City Beach FL 32408

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Ronald V. Wolff  
615 N Bonita Ave.  
Panama City, FL 32401

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

Ron Wolff

Jim [Signature] 2/16/98

CR2E037 (10/97)