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FILED
Mar 10, 1999 8:00 am
Secretary of State

0009/101

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

03-10-1999 90141 030 ****61.25

DOCUMENT # N97000002021

1. Corporation Name
BAY AICE PARENTS, INC.

Principal Place of Business
**1200 HARRISON AVE.
 PANAMA CITY FL 32401**

Mailing Address
**1200 HARRISON AVE.
 PANAMA CITY FL 32401**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCAULEY, CARROLL L 36 OAK AVE. PANAMA CITY FL 32401				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PORTER, THROWER			1.2 NAME	JULIA ERBEN		
STREET ADDRESS	1413 DEER AVENUE			1.3 STREET ADDRESS	108 QUEENS CIRCLE		
CITY-ST-ZIP	PANAMA CITY FL 32401			1.4 CITY-ST-ZIP	PANAMA CITY, FL 32405		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRESSER, GREG			2.2 NAME			
STREET ADDRESS	706 BUNKERS COVE ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JINKS, RUSSELL M			3.2 NAME			
STREET ADDRESS	108 FOX RIDGE ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32405			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAZARD, CYNTHIA			4.2 NAME			
STREET ADDRESS	1137 GRACE AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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: *[Signature]* **SIGNATURE REQUIRED** 3/8/99 850-785-6806
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)