

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000149577

1. Entity Name

BAY COUNTY INVESTMENTS, INC.



FILED

2007 OCT 31 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1802 ILLINOIS AVENUE
LYNN HAVEN, FL 32444

Mailing Address

1802 ILLINOIS AVENUE
LYNN HAVEN, FL 32444

2. Principal Place of Business - No P.O. Box #

128 SUMMERWOOD DRIVE

3. Mailing Address

128 SUMMERWOOD DRIVE



Suite, Apt. #, etc.

Suite, Apt. #, etc.

10172007

REIN-P

CR2E098 (1/07)

City & State

PANAMA CITY BEACH, FL

City & State

PANAMA CITY BEACH, FL

4. FEI Number

20-3754796

Applied For

Not Applicable

Zip

32413

Country

Zip

32413

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTES, DAN
2015 PATTHO LN
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BEDWELL, JOHN
STREET ADDRESS 611 GABRIEL STREET
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE V ☐ Delete
NAME ESTES, DAN
STREET ADDRESS 1802 ILLINOIS AVENUE
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE T ☐ Delete
NAME YERBY, DON
STREET ADDRESS 128 SUMMERWOOD DRIVE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE S ☐ Delete
NAME KING, WAYNE
STREET ADDRESS 2510 W 11TH STREET
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100111552711
CITY-ST-ZIP 10/31/07--01045--010 **150.00

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2015 PATHO LANE
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/07