

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09119 (9)
 1. Corporation Name
BAY RESOURCE MANAGEMENT, INC.

Principal Place of Business 6510 BAY LINE DRIVE PANAMA CITY FL 32404	Mailing Address 6510 BAY LINE DRIVE PANAMA CITY FL 32404-4804
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1986	3a. Date of Last Report 10/24/1996
21		26		4. FEI Number 25-1516978	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEDDY, J M 6510 BAY LINE DRIVE PANAMA CITY FL 32404		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEBROSKI, JOHN	1.2 NAME	
STREET ADDRESS	1001 BRINTON ROAD	1.3 STREET ADDRESS	1310 Beulah Road, Bldg. 801
CITY - ST - ZIP	PITTSBURGH PA 15221	1.4 CITY - ST - ZIP	Pittsburgh, PA 15235
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, M F	2.2 NAME	
STREET ADDRESS	1001 BRINTON ROAD	2.3 STREET ADDRESS	1310 Beulah Road, Bldg. 801
CITY - ST - ZIP	PITTSBURGH PA 15221	2.4 CITY - ST - ZIP	Pittsburgh, PA 15235
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURN, A J	3.2 NAME	
STREET ADDRESS	11 STANWIX STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA 15222	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHY, D M	4.2 NAME	
STREET ADDRESS	11 STANWIX STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA 15222	4.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDDY, J M	5.2 NAME	
STREET ADDRESS	6510 BAY LINE DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL 32404	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	T MORPH, C.E.
STREET ADDRESS		6.3 STREET ADDRESS	11 STANWIX STREET
CITY - ST - ZIP		6.4 CITY - ST - ZIP	PITTSBURGH, PA 15222

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **J.M. Leddy** *[Signature]* **4/16/97** (904) 785-7933, x202
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)