

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90121 039 ***300.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P09119

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1986

4. FEI Number

25-1516978

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**LEDDY, J M
6510 BAY LINE DRIVE
PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent

81 Name
MCKEAND, D. J.
82 Street Address (P.O. Box Number is Not Acceptable)
6510 BAY LINE DRIVE
83
84 City **PANAMA CITY** **FL** **85** Zip Code
32404

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

[Signature]

(NOT a Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	ZEBROSKI, JOHN	1310 BEULAH RD BLD 801	PITTSBURGH PA	<input checked="" type="checkbox"/>
D	JOHNSON, M F	1310 BEULAH RD BLD 801	PITTSBURGH PA	<input type="checkbox"/>
T	MORF, C E	11 STANWIX STREET	PITTSBURGH PA	<input type="checkbox"/>
S	BACHY, D M	11 STANWIX STREET	PITTSBURGH PA 15222	<input type="checkbox"/>
P	LEDDY, J M	6510 BAY LINE DRIVE	PANAMA CITY FL 32404	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	DAVIS, J.F.	11 STANWIX STREET	PITTSBURGH, PA 15222	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/D/C				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/T				<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/S				<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 **412-256-2165**

CR2E034 (1/98)