FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P13516

(0)

BAY COUNTY ENERGY SYSTEMS, INC.

BAY U	OUNTY ENERGY STOLE	MO, INC.				
Principal Place of	of Business	Mailing Address			((52)(03) (0) (1322 (114) 0)(0)	411 4141 6161 6161 6161 BIEN 3161 6161 11
		6510 BAY LINE DE PANAMA CITY FL				
(Mann)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3. Date Incorporated or Qualified 03/09/1987	3a. Date of Last Report 05/23/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			52-1497668	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		,	Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Countr	у	This corporation has liability for inta- Florida Statutes Yes	angible tax under s. 199.032,
24	25	29	30		Florida Statutes	
	9. Name and Address of Curre	ent Registered Agent	8	I Name	IU. Maille alle Adeless et 1984 heg	income and and
			°	1 '		
	RENTICE-HALL CORPORATION	I SYSTEM, INC.	8:	Street Ack	dress (P.O. Box Number is Not Acceptable)	
	iays street		8			
SUITE			8	'		
Tallai	HASSEE FL 32301		8	4 City		FL 85 Zip Code
					a hasha this statement for the purpo	ose of changing its registered office
or registers	ad accept or both in the State of Ho	nnda. Suco change was autho	rizeu dy li ie coi	-named corporation's bo	oration submits this statement for the purpolard of directors. I hereby accept the appoin	ntment as registered agent. I am
familiar wit	h, and accept the obligations of Se	ction 607.0505, Florida Statu	es.			i
SIGNATURE			NOTE: Registered Ap	— 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 	The state of the s	DATE
	Signature, typed or printed name of registered age	ent and title if applicable ND DIRECTORS	13.	ent signature requi	ADDITIONS/CHANGES TO OFFIC	
12.	P	DELETE	1. 1 TITL	1		Change Addition
TITLE NAME	GILL, F.G.		. 12 NAM	.		
STREET ADDRESS	4501 ARDMORE BLVD (1	OOI BRINTON RE	1.3 STRE	ET ADDRESS	1001 BRINTON ROAD	
	PITTSBURG PA 15221	and Divinglation		-ST-ZIP	PITTSBURGH PA	15221
CITY-ST-ZIP	V	DELETE	2. 1 TITL			Change
NAME	MELPED ID	_	2.2 NAM	E		
STREET ADDRESS	1501 ARDMORE BLVB.	1001 BRINTON RI	2.3 STRI	ET ADDRESS	1001 BRINTON ROAL	>
CITY-\$1-ZiP	PITTSBURGH PA	• • • • • • • • • • • • • • • • • • • •	2.4 CITY	-ST-ZIP	ATTSBURGH PA 15	221
TITLE	S	☐ DELETE	3 1 1(1)		¥	🔀 Change 🔲 Addition
NAME		٠	3.2 NAN	E		
STREET ADDRESS	Bachy, D.A. 11 Stamwox S treet	(STANWIX ST.	3.3. STR	EET ADDRESS	II STANWIX STREE	ž (
CITY-ST-ZIP	PITTSBURGH PA 15220			-ST-ZIP		No.
TITLE	T	DELETE	4, 1 (1)	.E		Change Addition
NAME	MORF, C.E.		4.2 NAN	E	and the second s	1 T
STREET ADDRESS	MURP, U.E. 22 STANWIX STREET (istanwik st.	1 4.3 STR	EET ADDRESS	11 STANWIK STREE	••
CITY-ST-ZIP	PITTSBURGH PA 15220		4.4 CIT	-ST-ZIP		Change Addition
THLE	D	DELETE	5 1 111		P CODY THE	Cualific M vacation
NAME	HARTUNG, R A JR		5 2 NA	AE [i	LEDDY, J.M. USIO BAY LINEDRIVE	
STREET ADDRESS	1501 ARDMORE BLVD		1		CONTRACTOR CONTRACTOR	נואון
CITY - ST - ZIP	PITTSBURG PA 15221	Pel Der Ada			PANAMA CITY FL 32	Charge Addition
TITLE	D	DELETE	6 1 TIT			Manage I version
NAME	JOHNSON, M F	_	62 NAI		IAN BOINE - ONAP	
STREET ADDRESS	-1501 ARDMORE BLVD	1001 BRINTON R	63 STF	EET ADDRESS	1001 BRINTON ROAS	,
CITY-ST-ZIP	PITTSBURG PA 15221		6.4 CIT	Y-ST-ZIP	PITTS BURGH	77/3Vb) Florida Clatutes I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the corporation or the receiver or trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-96 (904) 785-793