

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 # P13516 (0)

1. Corporation Name

BAY COUNTY ENERGY SYSTEMS, INC.

Principal Place of Business

6510 BAY LINE DR  
PANAMA CITY FL 32404

Mailing Address

6510 BAY LINE DR  
PANAMA CITY FL 32404-4804



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/09/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

52-1497668

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name J.M. Leddy  
82 Street Address (P.O. Box Number is Not Acceptable)  
Bay County Energy Systems, Inc.  
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 J.M. Leddy

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILL, F G	
STREET ADDRESS	1001 BRINTON RD	
CITY-ST-ZIP	PITTSBURG PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HELPER, J.P.	
STREET ADDRESS	1001 BRINTON ROAD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BACHY, D.A.	
STREET ADDRESS	11 STANWIX ST	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MORF, C.E.	
STREET ADDRESS	11 STANWIX ST	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEDDY, J.M.	
STREET ADDRESS	6510 BAY LINE DR	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, M F	
STREET ADDRESS	1001 BRINTON ROAD	
CITY-ST-ZIP	PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ZEBROSKI, JOHN
2.3 STREET ADDRESS	1310 Beulah Road, Bldg. 801
2.4 CITY-ST-ZIP	Pittsburgh, PA 15235
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

(904) 785-7933, x202

Daytime Phone

0052378

CR2E034 (9/96)