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

PROFIT CORPORATION ANNUÁL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

05-03-1999 90121 039 ***300.00

- - CORRIGON CON CIGARO CRIBO COLLEGIO CALLA CARRA BIGAL CROCE DI CALLA CARRA CARRA CARRA CARRA CARRA CARRA CA

DOCUMENT # P13516 1. Corporation Name

BAY COUNTY ENERGY SYSTEMS, INC.

Principal Place	e of Business	Mailing Address)	
6510 BAY LINE DR 6510 BAY LINE DR PANAMA CITY FL 32404 PANAMA CITY FL 32404					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 03/09/1987			
Principal Place of Business Za. Mailing Address						4. FEI Number	Applied For		
21		26	26			52-1497668		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	_ Count	ry		8. This corporation owes the current year I	_	F71	
24	25	29 3	0			Personal Property Tax.	□Yes	⊠ No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registere	d Agent		
LEDE	N 114		la	1 Name MCK	e EAND	, D.J.			
LEDDY, J.M.			8			dress (P.O. Box Number is Not Acceptable)			
6510 BAY LINE DRIVE			L		0 BA	BAY LINE DRIVE			
PAN	AMA CITY FL 32404		Ja	3				j	
			8	4 City			. 85 Zip (Code	
				PAN	AMA (L 32	404	
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 register 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, typed or printed name of registered agentand ide inepticable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OF CERS	AND DIRECTORS	13.		1 7	ADDITIONS/CHANGES TO OFFICERS			
TITLE	S	☐ DELETE 1.1 T			\ \V/	S	XX Change	☐ Addition	
NAME	BACHY, D M		12 NAM	Ē					
STREET ADDRESS	.		1.3 STRE	ET ADDRES	s			1	
CITY-ST-ZIP	PITTSBURGH PA 144		1.4 CITY	4 CITY-ST-ZIP					
TRILE	T	DELETE 2.1T		Ē	V/T		XXChange	☐ Addition	
NAME	MORF, C.E.		2.2 NAM	É					
STREET ADDRESS	11 STANWIX ST		2.3 STRE	ET ADDRES	s				
CITY-ST-ZIP	PITTSBURGH PA		2, 4 CITY	-ST-ZIP					
TITLE	P	™ DELETE	3.1 TITLE	=	P/	C/D	Change	XXAddition	
NAME	LEDDY, J.M.		3.2 NAM	Ε .	J0	HNSON, M.F.			
STREET ADDRESS	6510 BAY LINE DR		3.3 STRE	ET ADDRES	s 13	10 BEULAH ROAD, BUILDIN	G 801		
CITY-ST-ZIP	PANAMA CITY FL		3.4. CITY	-ST-ZIP	PI	TTSBURGH, PA 15235			
TITLE		☐ D€LETE	4,1 TITLE	Ī	ם	,	Change	XX Addition	
NAME			4. 2 NAV	ΙE		VIS, J.F.			
STREET ADDRESS			4.3 STRE	ET ADDRES		STANWIX STREET			
C/TY-ST-ZIP	4.4.0		4.4 CITY	- ST-ZIP		TTSBURGH, PA 15222			
TITLE		☐ DELETE	S.1 TITLE	Ē			Change	Addition	
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STRE	EET ADDRES	s			Ì	
CITY-ST-ZIP			5.4 CITY	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAM	E				ı	
STREET ADDRESS			6.3 STR	EET ADDRES	s				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

4-28-99

412-256-2165

CR2E034 (11/98)