

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 10 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 # **P94000002749 (7)**

1. Corporation Name

BAY MOBILE HOMES, INC.

Principal Place of Business

Mailing Address

**2809 W 15TH STREET, SUITE 205
PANAMA CITY FL 32401**

**2809 W 15TH STREET, SUITE 205
PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 908 Jenks AU		26 908 Jenks AU		01/04/1994		06/07/1996	
22 Panama City		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 FL		28 Panama City FL		59-3219051		Not Applicable	
24 32401		29 32401		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
25 Bay		30 Bay		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26 Bay		31 Bay		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ELLIS, SHIRLEY 2809 W 15TH STREET, SUITE 205 PANAMA CITY FL 32401				81 Name ELLIS, Shirley			
				82 Street Address (P.O. Box Number is Not Acceptable) 908 Jenks AU			
				83			
				84 City Panama City FL 85 Zip Code 32401			

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	D	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ELLIS, SHIRLEY	1.2 NAME	Ellis, Shirley
STREET ADDRESS	2809 W 15TH STREET, SUITE 205	1.3 STREET ADDRESS	908 Jenks AU
CITY-ST-ZIP	PANAMA CITY FL 32401	1.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Shirley Ellis

9-8-97

850-747-1965

CR2E034 (4/97)