

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 14, 1999 8:00 am**  
**Secretary of State**

09-14-1999 90003 040 \*\*\*150.00

DOCUMENT # **P94000002749**

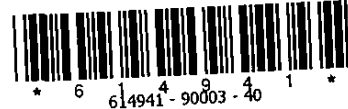
CORPORATION NAME  
**BAY MOBILE HOMES, INC.**

Principal Place of Business

**JENKS AVE  
PANAMA CITY FL 32401**

Mailing Address

**908 JENKS AVE  
PANAMA CITY FL 32401  
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**6024 Sunset av.**

Suite, Apt. #, etc.

2a. Mailing Address

**PO Box 18156**

Suite, Apt. #, etc.

City & State

**Panama City Beach FL**

Zip

**32408**

Country

**Bay**

City & State

**Panama City Beach FL**

Zip

**32417**

Country

**Bay**

3. Date Incorporated or Qualified

**01/04/1994**

4. FEI Number

**59-3219051**

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.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ELLIS, SHIRLEY  
908 JENKS AVE  
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

OFFICERS AND DIRECTORS

1	<b>D</b>	<input type="checkbox"/> DELETE
ET ADDRESS	<b>ELLIS, SHIRLEY</b>	
ST-ZIP	<b>908 JENKS AVE</b>	
	<b>PANAMA CITY FL</b>	
2		<input type="checkbox"/> DELETE
ET ADDRESS		
ST-ZIP		
3		<input type="checkbox"/> DELETE
ET ADDRESS		
ST-ZIP		
4		<input type="checkbox"/> DELETE
ET ADDRESS		
ST-ZIP		
5		<input type="checkbox"/> DELETE
ET ADDRESS		
ST-ZIP		
6		<input type="checkbox"/> DELETE
ET ADDRESS		
ST-ZIP		

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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.

SIGNATURE:

**SHIRLEY ELLIS** 9-9-99 850-747-1965

CR2E034 (5/99)

**Bay**  
**Mobile Homes, Inc.**  
*"Providing Affordable Housing for North West Florida"*

P94000002749  
614941-90003-40  
9-9-99

To whom it may Concern:  
Ref: Corporation Report for 1998

Per Phone conversation with Representative  
I am sending \$150.00 fee plus this  
note, for review.

I never received my report due to  
change of address. I relocated this  
year and never got my 1st renewal.

so this doesn't happen again please  
change my address to a more permanent  
one shown on my report form.

All my other renewals are due  
in Sept. except this one so I  
didn't realize it was due.

Thank you for your help and  
attention on this matter.

Shirley Ellis  
Mobile Home Location  
Bay Mobile Homes Inc.