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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024213 (8)

BY-THE-BAY LAND CORP.

Principal Place of Business	Mailing Address
P.O. BOX 3128	P.O. BOX 3128
JASPER FL 35502	JASPER FL 35502-3128

FILED Apr 29 1997 8:00am Secretary of State



3. Date Incorporated or Quali 03/25/1994	· '
	04/16/1996
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 63-1116552	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desire	d See Required
City & State City & State 6. Election Campaign Financial Trust Fund Contribution	ing \$5.00 May Be Added to Fees
24 25 29 30 Florida Statutes	ly for intangible tax under s. 199.032, ☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of Ne	w Registered Agent
HOMISCO INCORPORATION INC	
222 LAKEVIEW AVE 82 Street Address (P.O. Box Number is Not Acc	ceptable)
SUITE 800	
WEST PALM BEACH FL 33401	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	the purpose of changing its registered accept the appointment as registered
SIGNATURE Signature, typod or protect name of registered a percised title 4 application (NOTI Registered Agent signature required where reinstalling)	DAIL
	OFFICERS AND DIRECTORS IN 12
TITLE OP DELETE 15 TOLE	Change Addition
NAME COONS, R GREG 12 NAME	
STREET ADDRESS 1106 COLLEGE HILL RD 1.3 STREET ADDRESS	
CITY-ST-ZIP JASPER AL 35501 1.4 CHY-S1-ZIP	
TITLE OS DELL'TE 21 TILE	Change Addition
NAME ENGEL, ALAN Z 22 NAME	
STREET ADDRESS 3547 KINGSHILL RD 23 STREET ADDRESS	
CITY-ST-ZIP BIRMINGHAM AL 35223 2 4 CITY-ST-ZIP	
TITLE DELETE 3º TITLE	Change Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 34.C(1Y-S1-ZIP	
TITLE DELETE 45 TITLE	Change Addition
NAME 4.2 NAME	1
STREET ADDRESS 4.3 STREET AODRESS	İ
CITY-ST-ZIP	Change Addition
	Change Addition
NAME 5.2 NAMI	
STREET ADDRESS 5.3 STREET ADDRESS	
CHY-ST-ZIP	Change Addition
	Change Robiton
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 (CITY-ST-ZIP 6.4 (CITY-ST-ZIP 1.4. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida S	tatutes. I further certify that the

information indicated on this annual report or supplemental annual report is true and accurate and that my's gnature shall have the same legal effect as if made under eath; that I am an officer or director of the cognization or the receiver or true de empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if Chapter 607 or on an argument with an address.