FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000043239 (0)**

1. Corporation Name

BAYSIDE MARINA OF PANACEA, INC.

Principal Place of Business	Mailing Address
HIGHWAY 372 AND BAY DRIVE PANACEA FL 32346	P.O. BOX 407 PANACEA FL 32346

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 2273 Surf Rd	26 Po Box 97	59-3246747 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Panacea, FL	City & State 28 Panacea, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 32346 / 25 Wakulla	Zip / Country 29 32346 / 30 Wakulla	6. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TUCKER, SUE HIGHWAY 372 AND BAY DRIVE PANACEA FL 32346	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TUCKER, SUE	12 NAME	
STREET ADDRESS	P.O. BOX 407 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	TUCKER, JERRY	22 NAME	
STREET ADDRESS	P.O. BOX 407 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TUCKER, JEFFREY	32 NAME	
STREET ADDRESS	P.O. BOX 407 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	BUNGER, SHEILA	42 NAME	
STREET ADDRESS	LEVY BAY AND CHIPOLA AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CLIFTON, MICHAEL	52 NAME	
STREET ADDRESS	P.O. BOX 309 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sue Tucker Sue Tucker President 4-25-95 904-984-5548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408023 FP