

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90107 024 \*\*\*150.00

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DOCUMENT # P95000062853

1. Corporation Name  
401/411 BAYLEN, INC.

Principal Place of Business  
601 S. PALAFOX STREET  
PENSACOLA FL 32501

Mailing Address  
PO BOX 12725  
PENSACOLA FL 32575  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

59-3334696

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 Tax.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

CARR, JOHN S  
601 S. PALAFOX STREET  
PENSACOLA FL 32501

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

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP  
CARR, JOHN S  
601 S. PALAFOX STREET  
PENSACOLA FL 32501

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
RUSSENBERGER, RAY D  
PO BOX 12063 ((N/A))  
PENSACOLA FL 32590

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVP  
MORETTE, RICHARD P  
1201 N. TARRAGONA ST  
PENSACOLA FL 32501

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
NICKELSEN, ERIC J  
601 S. PALAFOX STREET  
PENSACOLA FL 32501

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
CHAUBOURNE, EDWARD M JR  
4375 MCCOY DRIVE  
PENSACOLA FL 32503

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

*John S. Carr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/99 (850) 434-2244

Date

Daytime Phone #

CR2E034 (11/98)