Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90001 048 \*\*\*150.00

## 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

## DOCUMENT # P95000072815

1. Corporation	BAY FINANCIAL, INC.						
Principal Place	e of Business	Mailing Address		.,	1 SOUTH AND THE TAILS THE STATE OF THE SOUTH SOUTH	, 18919 11991 18191	11881 8111 1881
4124 BARRANCAS AVE 5499 PENSACOLA BLVD							
PENSACOLA FL 32507 PENSACOLA FL 32505					DO MOT MINITE IN THE	0.004.05	
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/15/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	oplied For
6559	9 HIGHWAY 90	26 6559 HIGHW	AY 90		59-3335924		ot Applicable
	ite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	I
	UITE A 27 SUITE A						equired
City & Stat	ron, FL	City & State MILTON, FL			6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year Ir		_
325	/0	29 32570 3	ol		Personal Property Tax.	XXYes	□No
	9. Name and Address of Current	t Registered Agent		T	10. Name and Address of New Registered	1 Agent	
D∩D	E DAV D		81	Name	•		
POPE, RAY P			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
4400 BAYOU BLVD			<u> </u>	<u> </u>			i
#54B			83			•	,
PENSACOLA FL 32503			84	City	FI	85 Zip (	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth lions of, Section 607.0505, Florid	norized by a Statutes	the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	of changing its pintment as re	registered gistered
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent sign				nt signature require		ND DIDECTO	DC IN 12
12.			13.		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	PSTD CUDICTODUED D	□ DECE IE	1.1 TITLE	ļ		□ ournão	
NAME	BOVERT, CHRISTOPHER P		1.2 NAME				
STREET ADORESS				TADORESS			
CITY-ST-ZIP	PENSACOLA FL 32514	☐ DELETE	1.4 CITY-S	T-ZIP		Change	Addition
TITLE		C Dere le	2.1 TITLE	Ì		Cronnigo	
NAME	i		2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP		~ Channe	Addition
TITLE			3.1 TITLE			[_] Onlings	
NAME			3.2 NAME				
STREET ADDRESS			L	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	SI-ZIP		Change	Addition
TITLE		- Deter	4.1 NAME			J.	
NAME			4	TADDOCCO			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE	<del>-</del>	☐ DELETE	4.4 CITY-S 5.1 TITLE	II-BP		☐ Change	Addition
			5.2 NAME			_ ,	_
NAME			1	TADORESS	•		\$
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		10-14-	☐ Change	Addition
NAME		_	6.2 NAME	}			
STREET ADDRESS			6.3 STREE	T ADDRESS			

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 of supplier ental annual peport 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 pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attagramment with an address, with all other like empowered.

6 4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #