Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90118 041 ***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 # P9600053436

1. Corporation Name

MEC BA	Y CO.										
							A DECEMBER OUR FRANCE COME CRAIN FRANCE	L ac ilis acil s i	ALER COLL RV	100 (((10 4 (1)	
Principal Place	e of Business	Mailing Address								166 Hrie dies	1001
12908 AIR WAY	' ST.	12908 AIR WAY ST.									
PANAMA CITY FL 32404-833 PANAMA CITY FL 32404-833						DO NOT WEST	C IN THIS	CDACE			
US		US					3. Date Incorporated or Qualifed	E IN THIS	SPACE_		
							06/24/1996				
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number			Applied Fo)F
21		26					59-3390205			Not Applica	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc	c.				5. Certifcate of Status Desired			Additiona	al
22		27					3. Certificate of Citatos Desired		Fee	Required	
City & State	e	City & State					6. Election Campaign Financing		\$5.0	0 May Be	:
23	<u></u>	28					Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	_	Count	ry		8. This corporation owes the curre	nt year Inta			
24	25	29	30	0			Personal Property Tax.		Yes	□ No	
	9. Name and Address of Current	Registered Agent			ر ا م		10. Name and Address of New Ro	egistered /	\gent		
VOL	NC HIDITH C			8	ין וי	ame					
YOUNG, JUDITH C 12908 AIR WAY ST.			8:	2 S	reet Addre	ess (P.O. Box Number is Not Acceptat	ole)				
	AMA CITY FL 32404-2833			8	3						
					4 C	·			85 Zi	p Code	
						ity	_	FL		•	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes,	the abo	ve-na	med corpo	oration submits this statement for the p	ourpose of	changing	its register	ed
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change ons of Section 607.050	was auth 15. Florida	norized b a Statute	y the es.	corporatio	n's board of directors. I hereby accept	the appoir	itment as	registered	1
	m jamaa man and accept me congain	21.0 01, 0	-,								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	egistered Ag	ent sig	ature required	when reinstating)	DATE			•
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE !	5.		1.1 TITLE	1.1 TITLE				☐ Chang	e ∐Ad	ddition	
NAME	YOUNG, DAVID F			1.2 NAME		ŀ					
STREET ADDRESS	12908 AIR WAY ST.			1.3 STRE	ET ADI	RESS					
CITY-ST-ZIP	PANAMA CITY FL 32404-2833		_	1.4 CITY-ST-ZIP							
TITLE	VS □ DELETE 2.1		2.1 TITLE	2.1 TITLE				☐ Chang	,e ∏Ad	ddition	
NAME	YOUNG, JUDITH C 221		2.2 NAME	2.2 NAME							
STREET ADDRESS	12908 AIR WAY ST.			2.3 STRE	ET ADI	RESS					
CITY-ST-ZIP	PANAMA CITY FL 32404-2833			2. 4 CITY-\$T-ZIP							
ΠΤLE	VT □ DELETE		3.1 TITLE	3.1 TITLE				☐ Chang	e Ac	ddition	
NAME	HUGHEY, BONNIE J. 32		3.2 NAME	3.2 NAME							
STREET ADDRESS	18495 S DIXIE HWY, B102			3.3 STRE	ET ADI	RESS					
CITY-ST-ZIP	44444		3.4. CITY	3.4. CITY-ST-ZIP							
TITLE		☐ DELE	TE	4.1 TITLE	:				☐ Chang	je 🗆 🗆 Ac	ddition
NAME	4.9		4. 2 NAM	4. 2 NAME							
STREET ADDRESS				4.3 STRE	ET ADO	RESS					
CITY-ST-ZIP				4.4 CITY-		1	•				
TITLE		☐ DELE	TE	5.1 TITLE					☐ Chang	je 🗆 🗆 Ar	ddition
NAME				5.2 NAME	E						
STREET ADDRESS				5.3 STRE	ET ADI	RESS					
CITY-ST-ZIP				5.4 CITY-	-ST-ZIF						
TITLE		☐ DELE	TE	6.1 TITLE					☐ Chang	e 🗆 Ad	ddition

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP