

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90021 002 ***150.00

DOCUMENT # P96000058367

1. Corporation Name

BAY POINT PROPERTY OPERATIONS, INC.

Principal Place of Business

127 DRAGON CIRCLE
PANAMA CITY BEACH FL 32407

Mailing Address

P.O. BOX 28018
PANAMA CITY FL 32411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1996

4. FEI Number

59-3388775

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

1817 Weakfish Way

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

25 USA

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9. Name and Address of Current Registered Agent

GILMAN, JUDITH D
127 DRAGON CIRCLE
PANAMA CITY BEACH FL 32407

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

TITLE D
NAME GILMAN, JUDITH D
STREET ADDRESS P.O. BOX 28018 N/A
CITY-ST-ZIP PANAMA CITY FL 32411

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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29.2 NAME
29.3 STREET ADDRESS
29.4 CITY-ST-ZIP

30.1 TITLE
30.2 NAME
30.3 STREET ADDRESS
30.4 CITY-ST-ZIP

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:

Judith D. Gilman - Judith D. Gilman

1/10/99 (850) 230-3029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)