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

**PROFIT CORPORATION** ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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NAME

STREET ADDRESS

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000030770 (6)

Country

9. Name and Address of Current Registered Agent

25

PANAMA CITY BEACH FL 32413

BUCHIKOS, CHARLES G 22606 LAKESIDE DRIVE

BAY POINT SERVICES, INC.

Mailing Address Principal Place of Business 22606 LAKESIDE DRIVE 22006 LAKESIDE DRIVE PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413

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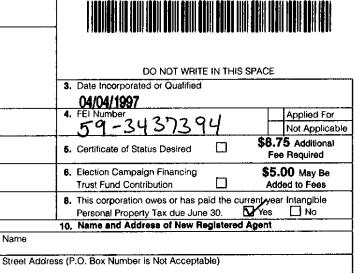
2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## **FILED** Mar 27 1998 8:00am Secretary of State



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 familia, with, and accept the objections of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition ☐ DELET**e** TITLE 1.1 TITLE **BUCHIKOS. CHARLES G** NAME 1.2 NAME 22606 LAKESIDE DRIVE 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32413 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE **BUCHIKOS. DEBORAH A** NAME 2.2 NAME 22606 LAKESIDE DRIVE 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32413 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE ☐ Change 6.1 TITLE TITLE

Country

81 Name

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83 84

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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.

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZiP

3/00/00

Zip Code