


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

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90030 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000045940					
1. Corporation Name MID-BAY INVESTMENTS OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 10 RACETRACK RD NW FT WALTON BEACH FL 32547			Mailing Address 10 RACETRACK RD NW FT WALTON BEACH FL 32547		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/21/1997 4. FEI Number 59-3457208 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MEAD, MICHAEL W 24 WALTER MARTIN RD FT WALTON BEACH FL 32548				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUSE, CRAIG J		1.2 NAME		
STREET ADDRESS	10 RACETRACK RD NW		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL 32547		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYON, WILLIAM M		2.2 NAME		
STREET ADDRESS	P O BOX 16124 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL 36616		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELCHAMPS, RANDY		3.2 NAME		
STREET ADDRESS	600 BEL AIR BLVD SUITE 131		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL 36606		3.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEAD, MICHAEL W		4.2 NAME		
STREET ADDRESS	24 WALTER MARTIN RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL 32548		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE RERAIGRSK RUSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/1999 **(850) 863-4900**
Date Daytime Phone #

CR2E034 (11/98)