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

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055763 (1)

LEVY BAY ENTERPRISES, INC.

## FILED Apr 07 1998 8:00am Secretary of State



				ORIO, DINI, RINI, IDINI RAKE ANI IRA
Principal Place of Business	Mailing Address			
175 LEVY BAY ROAD POST OFFICE BOX 629 PANACEA FL 32346 CARRABELLE FL 32322				
CONTRACT LE GESTE		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified	
			06/25/1997	·
2. Principal Place of Business	26. Marting Address	995	4. FEI Number	Applied For
21 1+5 Levy Day Koad	26 5.0 DOX Suite, Apt. #, etc.		11-5155TAY	Not Applicable
22	27		6. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State	-	6. Election Campaign Financing	\$5.00 May Be
23 Panacea I-L	28 lanacea. F			Added to Fees
Zip Country.	Zip	Country	8. This corporation owes or has paid	the current year Intangible
24 32346   25 Waku la	29 32346 3	o Wakulla	Personal Property Tax due June 30	
9. Name and Address of Current Registered Agent  MADVCCM DAIN  81 Name			10. Name and Address of New Regis	itered Agent
MARXSEN, PAUL		01 Name		
108 AVE B SOUTH		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PO BOX 629 STATE S				
CANNADELLE PL 3232240028				
		84 City		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 Statu of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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 punited name of registered age		Registered Agent signature requir		DATE
TIRE Programme	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
Mary Day Lewis		1.2 NAME		Change [] Addition
STREET ADDRESS 175 Levy Bay Road		1.3 STREET ADDRESS		
CITY-ST-ZIP Pangles FL 323	مالنه	1.4 CITY-ST-ZIP		
TITLE Vice President	DELETE	2.1 TITLE		Change Addition
		2.2 NAME		
NAME Paul Marxse 7108 NVC	in South	2.3 STREET ADDRESS		
CITY-ST-ZIP Garrabelle, FL 37		2 4 CITY-ST-ZIP		
THE Sect Tres.	DELETE	31 TITLE		Change Addition
NAME Amanda Daughtry,		3.2 NAME		
STREET ADDRESS 175 LEVY Bay Road	,	3.3 STREET ADDRESS		
CITY-ST-ZIP Panacea FL 323	346	3.4. CITY - ST- ZIP		
TIPLE	DECETE	4.1 TITLE		Change Addition
NAME	,	4. 2 NAME		ı
STREET ADDRESS	ļ	4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 City-St-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP	Dritte	5 4 CITY - ST - ZIP		Change Little
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
RAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	•	
CITY-ST-ZIP	no at the delice at the second	6.4 CITY - ST - ZIP	0	<del> </del>

6. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the informatic 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 eath; 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 chyligod, or on an attyrigment with an address

SIGNATURE:

mands Saughtry

Amanda Daughtry

4/2/98 (850)984-020S