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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000055763

1. Corporation Name
LEVY BAY ENTERPRISES, INC.

Principal Place of Business

175 LEVY BAY ROAD
 PANACEA FL 32346
 US

Mailing Address

P. O. BOX 996
 PANACEA FL 32346
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1997

4. FEI Number
59-3455724

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

21 **2350 Sopchoppy Hwy**

22 Suite, Apt. #, etc.

23 **Sopchoppy FL**

24 **32358** 25 **32350** 29 **32350** 30

2a. Mailing Address

26 **P.O. Box 207**

27 Suite, Apt. #, etc.

28 **Sopchoppy, FL**

29 **32350** 30

9. Name and Address of Current Registered Agent

~~MARXSEN, PAUL~~
~~108 AVE B SOUTH~~
~~PO BOX 629~~
~~CARRABELLE FL 32322-0629~~

10. Name and Address of New Registered Agent

81 Name **Clayton Lewis**

82 Street Address (P.O. Box Number is Not Acceptable)
2350 Sopchoppy Highway

83 **P.O. Box 207**

84 City **Sopchoppy** FL 85 Zip Code **32358**

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 **Clayton Lewis** DATE **4/30/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEWIS, CLAYTON	
STREET ADDRESS	175 LEVY BAY ROAD	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARXSEN, PAUL	
STREET ADDRESS	P. O. BOX 6291, 108 AVE B SOUTH	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DAUGHTRY, AMANDA	
STREET ADDRESS	175 LEVY BAY ROAD	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: **Clayton Lewis** DATE: **4/30/99** (850) 962-1000

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)