

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90162 031 ***150.00

DOCUMENT # P98000059093

1. Corporation Name
PANAMA BAIT INC

Principal Place of Business
P.O. BOX 3065
PANAMA CITY FL 32402

Mailing Address
P.O. BOX 3065
PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

59-3514837

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELVIN, RILEY G
8903 S BURNT MILL CREEK RD
PANAMA CITY FL 32409

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	MELVIN, R G	
STREET ADDRESS	8903 S BURNT MILL CREEK RD	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	D	DELETE
NAME	MELVIN, DARELL	
STREET ADDRESS	8903 S BURNT MILL CREEK RD	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	D	DELETE
NAME	BARFIELD, WILLIAM C	
STREET ADDRESS	2012 BALLPARK RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	D	DELETE
NAME	BARFIELD, LEON S	
STREET ADDRESS	2807 EAST 1ST CT	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	DELETE
NAME	BARFIELD, WILLIAM H	
STREET ADDRESS	8749 S MCCANN RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 850872-6131

Date

Daytime Phone #

CR2E034 (11/98)