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

DOCUMENT # **P98000059590**1. Corporation Name

BAY PROPERTY GROUP, INC.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90052 018 ***150.00



Principal Place of Business Mailing Address						· responsed till tillet skott mett mett mett mett mette mette skott mette skot
4408 DELWOOD LANE P.O. BOX 27639						
PANAMA CITY		PANAMA CITY FL 32411	ANAMA CITY FL 32411			DO NOT WRITE IN THIS SPACE
32408						3. Date Incorporated or Qualifed
						07/06/1998
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21						59-3521163 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				•		_5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
22 27 City & State City & State						
City & State	e	28	 1			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	Zip Country				8. This corporation owes the current year Intangible
24	25	⊢ ' г	30			Personal Property Tax.
24	9. Name and Address of Current					10. Name and Address of New Registered Agent
					Name	
MCKENDREE, STEPHEN E				32	Street Addr	ess (P.O. Box Number is Not Acceptable)
4408 DELWOOD LANE PANAMA CITY FL :32414 - 32408						
PAN	AMA UIT FLISZEEF SECTOR		8	33		
			[34	City	FL 85 Zip Code
44. Disputable the application of Sections 607 0502 and 607 1508. Florida Statutes, the above gamed corporation submits this statement for the number 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, broad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE						
				gent	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS ANI	D DIRECTORS	13.		1	Change Addition
TITLE	MCKENDREE, STEPHEN E		1.2 NAM		i	
AAAA DELMOOD LAME					ADDDECC	
DAMANA OFFICE POLICE COCIO			1		ADDRESS	
CITY-ST-ZIP	PANAMA CITT PL SZATT SEE	☐ DELETE	2.1 TITL		-217	Change Addition
TITLE			2.2 NAME			
NAME					ADODEĆĆ	
STREET ADDRESS					ADDRESS	The second control of
CITY: ST-ZIP			2.4 CIT 3.1 TITL		I-ZIP	Change Addition
TITLE		□ pere₁e				
NAME			3.2 NAM		1000000	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP					r-ZIP	☐ Change ☐ Addition
TITLE			4.1 TITL			
NAME			4, 2 NAM			
STREET ADDRESS			·		ADDRESS	
CITY-ST-ZIP	·	☐ DELETE	4.4 CITY		-ZIP	☐ Change ☐ Addition
TITLE			5.1 TITL 5.2 NAM			
NAME					ADDRESS	
STREET ADDRESS			5.4 CITY			
CITY-ST-ZIP		DELETE	6.1 TITL		· LIF	Change Addition
TITLE			6.2 NAM			
NAME					ADDRESS	
STREET ADDRESS					ADDRESS	
CITY, ST. ZIP			6.4 CITY	-51	- 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: