

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000050469**

1. Entity Name  
**BAY ENVIRONMENTAL LABORATORY, INC.**



Principal Place of Business  
**1616 WILDRIDGE RD  
LYNN HAVEN, FL 32444**

Mailing Address  
**PO BOX 1001  
PANAMA CITY, FL 32402**



06072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3594634**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WOLFE, LARRY S  
200-A JOHN KNOX ROAD  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WILLIAMS, DEBRA R
STREET ADDRESS	1616 WILDRIDGE RD
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	VD
NAME	WILLIAMS, M. DAXON
STREET ADDRESS	1616 WILDRIDGE RD
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	ST
NAME	WILLIAMS, MALLORY H
STREET ADDRESS	1616 WILDRIDGE RD
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/03/06-80001-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** John R. Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/06 850)271-1254  
Date Daytime Phone #