2000 UNIFORM RUSINESS REPORT (URB)

DOCUMENT # P9900087281 1. Entity Name BAYBENDCO, INC.					FILED Sep 12, 2000 8:00 am Secretary of State 09-12-2000 90152 019 ***550.00		
Principal Plag 2529A N. EAST PANAMA CITY	AVE.	Mailing Address 2526A N. EAST AVE. PANAMA CITY FL 32405					
2528 A N. East Ave. 3. Mailling Address 2528 A N. Ea				Ave			
Suite, Apt. #, etc. Suite, Apt. #, etc). MSL	1100	DO NOT WRITE IN TH	IS SPACE	
Panama City Fl City & State					4. FEI Number 59-3590277	Not	plied For t Applicable
3240	6. Name and Address of Current Re	Zip 32405	Country	se _	Certificate of Status Desired Name and Address of New Registere	\$8.75 Addi Fee Required ad Agent	
CREIGHTON KENNETH V							
2526A N. EAST AVE. PANAMA CITY FL 32405				ddress (P.	A Box Number is Not Acceptable AVE	, <u>* </u>	<u></u>
			cipo	nu m	a Cita F	L Zip Code	 }5
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.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750 Make Check Payable to Department of State				be \$750.			O May Be to Fees
11.	OFFICERS AND DIF	RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CREIG 131 N	SHTON, KENNETH V. I. HARRIS AVE. IMA CITY, FL 32401		corded]
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CITY-ST-ZIP		☐ Delete	TITLE	T/3		☐ Change	☐ Addition
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: SIGNATURE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Date Dayling OFFICER OR DIRECTOR							