

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90022 009 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # S08268**

1. Corporation Name  
**BAY COUNTY OIL CO., INC.**

**Principal Place of Business**

1524 E BUSINESS HWY 98  
PANAMA CITY FL 32401  
US

**Mailing Address**

3850 HOLCOMB BRIDGE RD  
SUITE 255  
NORCROSS GA 30092  
US

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

10/22/1990

**4. FEI Number**

59-3038356

**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

**2. Principal Place of Business**

**2a. Mailing Address**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

**22 City & State**

**27 City & State**

**23 Zip**

**Country**

**28 Zip**

**Country**

24

25

29

30

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

**10. Name and Address of New Registered Agent**

JELKS, ALLEN N., JR.  
% JOHNSON, HARRIS & GERDE, P.A.  
209 E. 4TH ST.  
PANAMA CITY FL 32401

**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 607.0501 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 SD ☐ DELETE  
NAME RUSSELL, BARRON J.  
STREET ADDRESS 1524 E. BUSINESS HWY. 98  
CITY-STATE-ZIP PANAMA CITY FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE TD ☐ DELETE  
NAME RUSSELL, BARRON JEFF  
STREET ADDRESS 1524 E BUSINESS HWY 98  
CITY-STATE-ZIP PANAMA CITY FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE PD ☐ DELETE  
NAME RUSSELL, NANCY H  
STREET ADDRESS 1524 E BUSINESS HWY 98  
CITY-STATE-ZIP PANAMA CITY FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 change, or on an attachment with an address, with all other like empowered

**SIGNATURE**

**NANCY H. RUSSELL, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

(770) 447-9490

Daytime Phone #

CR2E034 (11/98)