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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # \$45876

(7)

	SANDS OF BAY COUNTY,	INC.			
Principal Place of Business 330 MOONLIGHT BAY DRIVE PANAMA CITY BEACH FL 32407-2827 US		Mailing Address  330 MOONLIGHT BAY DRIVE PANAMA CITY BEACH FL 32407-2827 US		I SORINGIO SUL PERSONO CONTRACTO	BIBN BIBN GIBN BIBN BIBN 1881 1881
				<ol> <li>Date Incorporated or Qualified 04/15/1991</li> </ol>	3a. Date of Last Report 03/20/1996
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite Apt. #	who	26		59-3060936	Not Applicable
22	Old.	27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State	····	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for i	
24	25   9. Name and Address of Curren	t Registered Agent	30]	Florida Statutes  10. Name and Address of New Reg	Yes No
MALO	ONE, C STEPHEN		81 Name		
	JOONLIGHT BAY DRIVE		82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
PANA	MA CITY FL 32407				
•			83		·
			84 City		FL 85 Zip Code
office or reg agent. I am SIGNATURE	the provisions of Sections 607,050 jistered agent, or both, in the State familiar with, and accept the obliga	2 and 607.1508. Florida Statu of Florida. Such change was ations of, Section 607.0505. F	ites, the above-named or authorized by the corpo lorida Statutes.	orporation submits this statement for the p rration's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
27.4	or after Type for or colleges of temperate and	nt and title 4 approable. (NO	TE: Registered Agent signature to	quited when (e-ristating)	DATE
12.	g and type for or of one of together tage OFFICERS ANI		TE: Registered Agent signature re	rquired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
<b>12.</b> Til.e	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12  Change Addition
12. Tille NAME	PDC MALONE, C STEPHEN	D DIRECTORS	13.	additions/changes to offic Secretary/Treasure Ludy H: Malon S	CERS AND DIRECTORS IN 12  Change Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AND PDC MALONE, C STEPHEN 330 MOONLIGHT BAY DR	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12  Change Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZP T-TLE	OFFICERS AND PDC MALONE, C STEPHEN 330 MOONLIGHT BAY DR PANAMA CITY BCH FL VDS	D DIRECTORS	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY- ST- ZIP  2.1 TITLE	ADDITIONS/CHANGES TO OFFICE SECRETARY/TREASURE JUDY H: MAION E 330 MEMIGHT BAYI PANAMA UT, BEACK VICE- PRES	CERS AND DIRECTORS IN 12  Change Addition
12. TITLE NAME STREET ADDRESS CITY: ST: ZP TITLE NAME	OFFICERS AND PDC MALONE, C STEPHEN 330 MOONLIGHT BAY DR PANAMA CITY BCH FL VDS MALONE, CURTIS L	DI DIRECTORS  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME	ADDITIONS/CHANGES TO OFFICE SECRETARY/TREASURE JUDY H: MAION S. 330 MEMIGHT BAYI PANAMA UN BEACL VICE- PRES CLINT MAIONE	CRS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
12. TITLE NAME STREET ADDRESS CITY: ST-7 P TITLE NAME STREET ADDRESS	PDC MALONE, C STEPHEN 330 MOONLIGHT BAY DR PANAMA CITY BCH FL VDS MALONE, CURTIS L 3709 ROCKMART HWY	DI DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE SECRETARY/TREASURE JUDY H: MAJON E 330 MOTHIGHT BAY 1 PANAMA UN BEACH VICE-PRES Clint MAJONE 330 MOTHIGHT BAY 330 MOTHIGHT BAY	CRS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
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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 nation indicated on this armual 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 n 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 rs in Block 13 if chapted, or op an attachment with an address.

**FILED** 

Jan 22 1997 8:00am

Secretary of State