

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 1:58

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S59749**

(9)

1. Corporation Name

BAY BILLIARDS, INC.

Principal Place of Business

**241 W. 15TH STREET
PANAMA CITY BEACH FL 32401-1252**

Mailing Address

**241 W. 15TH STREET
PANAMA CITY BEACH FL 32401-1252**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1991

3a. Date of Last Report

04/25/1994

4. FEI Number

59-3073529

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 has liability for ad valorem taxes under Chapter 193, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

22

City & State

27

Zip

24

State

25

Zip

29

County

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HESS, BRIAN D.
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407**

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 607.0502 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 of Agent (Individual or Corporate Agent only) (If Corporate Agent, Signature of Authorized Officer or Director)

Signature of Agent (Individual or Corporate Agent only) (If Corporate Agent, Signature of Authorized Officer or Director)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 NAME STREET ADDRESS CITY, ST, ZIP	P HESS, MARK D 812 DOLPHIN, BOX 27628 PANAMA CITY BEACH FL
102 NAME STREET ADDRESS CITY, ST, ZIP	S HESS, LAURA L 812 DOLPHIN, BOX 27628 PANAMA CITY BEACH FL
103 NAME STREET ADDRESS CITY, ST, ZIP	
104 NAME STREET ADDRESS CITY, ST, ZIP	
105 NAME STREET ADDRESS CITY, ST, ZIP	
106 NAME STREET ADDRESS CITY, ST, ZIP	
107 NAME STREET ADDRESS CITY, ST, ZIP	

111 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
112 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
113 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
114 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
115 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
116 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
117 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.04(1)(b), Florida Statutes. I further certify that this information is included in the annual report or supplemental annual report to the state and is 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.

SIGNATURE:

Laura L. Hess Sec.
Laura L. Hess

SIGNATURE AND TYPE OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR

4/21/95

904/763-5813

Date

Telephone Number