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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S78426** (1)  
1. Corporation Name  
**BAY RESTAURANT CONCEPTS, INC.**



Principal Place of Business Mailing Address  
**489 BECKRICH DR., SUITE C-4**  
**PANAMA CITY BEACH FL 32407** **489 BECKRICH DR., SUITE C-4**  
**PANAMA CITY BEACH FL 32407-3647**

3. Date Incorporated or Qualified **09/09/1991** 3a. Date of Last Report **03/28/1996**  
4. FEI Number **65-0308129** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional**  
**Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be**  
**Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ 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 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**PREO, JEANNE**  
**3820 QUARTS AVE.**  
**PANAMA CITY BEACH FL 32408-8402**

10. Name and Address of New Registered Agent  
81 Name **Flem Houston**  
82 Street Address (P.O. Box Number is Not Acceptable) **489 Beckrich Rd.**  
83  
84 City **Panama City Beach FL** 85 Zip Code **32407**

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 *Flem W. Houston* DATE **12797**  
(Signature required for principal place of business and for all other applicable (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **HOUSTON, F W**  
CITY - ST - ZIP **489 BECKRICH RD**  
**PANAMA CITY BEACH FL**  
TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **HOUSTON, REBECCA**  
CITY - ST - ZIP **489 BECKRICH RD**  
**PANAMA CITY BEACH FL**  
TITLE ☒ DELETE  
NAME **ST**  
STREET ADDRESS **PREO, JEANNE**  
CITY - ST - ZIP **3820 QUARTS AVE.**  
**PANAMA CITY BCH FL**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Flem W. Houston* SIGNATURE REQUIRED *Flem W. Houston* 804-2338000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)