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Apr 18 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 # **S90389** (5)
1. Corporation Name
BAY CONSOLIDATED VENTURES, INC.

Principal Place of Business Mailing Address
1002 WEST 23RD STREET **1002 WEST 23RD STREET**
SUITE 400 **SUITE 400**
PANAMA CITY FL 32405 **PANAMA CITY FL 32405-3645**



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
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
10/28/1991 **04/30/1996**
4. FEI Number Applied For
59-3089550 Not Applicable
5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required
6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY, III, ROBERT F
1002 W 23RD ST
STE 400
PANAMA CITY FL 32405

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHAPMAN, JOSEPH F., III**
CITY-ST-ZIP **1002 W. 23RD ST #400**
PANAMA CITY FL
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GLOVER, LEMUEL D., SR**
CITY-ST-ZIP **530 NEW YORK AVE.**
LYNN HAVEN FL
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MAYO, CLINTON V.**
CITY-ST-ZIP **2916 FAIRMONT DR.**
PANAMA CITY FL
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **POWELL, RAYMOND**
CITY-ST-ZIP **1002 W. 23RD ST #400**
PANAMA CITY FL
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SMITH, GEORGE H.**
CITY-ST-ZIP **125 H.L. SUDDUTH DR.**
CALLAWAY FL
TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **HENRY, III, ROBERT F**
CITY-ST-ZIP **1002 W 23 ST STE 400**
PANAMA CITY FL

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: **Robert F. Henry, III, Sec. 4/3/97 (904)769-8981**

CR2E034 (9/96)