

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90260 022 \*\*\*158.75

DOCUMENT # S90389

1. Corporation Name  
BAY CONSOLIDATED VENTURES, INC.

Principal Place of Business

1002 WEST 23RD STREET  
SUITE 400  
PANAMA CITY FL 32405

Mailing Address

1002 WEST 23RD STREET  
SUITE 400  
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1991

4. FEI Number

59-3089550

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 owes the current year Intangible

Personal Property Tax.

☒

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 D ☒ DELETE

NAME CHAPMAN, JOSEPH F., III  
STREET ADDRESS 1002 W. 23RD ST #400  
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ DELETE

NAME GLOVER, LEMUEL D., SR  
STREET ADDRESS 530 NEW YORK AVE.  
CITY-ST-ZIP LYNN HAVEN FL

TITLE D ☐ DELETE

NAME MAYO, CLINTON V.  
STREET ADDRESS 2916 FAIRMONT DR.  
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ DELETE

NAME POWELL, RAYMOND  
STREET ADDRESS 1002 W. 23RD ST #400  
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ DELETE

NAME SMITH, GEORGE H.  
STREET ADDRESS 125 H.L. SUDDUTH DR.  
CITY-ST-ZIP CALLAWAY FL

TITLE DST ☐ DELETE

NAME HENRY, III, ROBERT F  
STREET ADDRESS 1002 W 23 ST STE 400  
CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE:

Robert F. Henry, III  
Secretary/Treasurer

4/20/99

(850) 769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0058376