

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 05 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831504 (6)
 1. Corporation Name
BAY MEADOW CORPORATION OF FLORIDA

Principal Place of Business 600 E. ALDEN AVE. VALDOSTA GA 31602-3001	Mailing Address 500 E. ALDEN AVE. VALDOSTA GA 31602-3001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2310 N. Patterson St. Suite, Apt. #, etc. 22 Bldg. H City & State 23 Valdosta, GA Zip Country 24 31602 25 USA		2a. Mailing Address 26 2310 N. Patterson St. Suite, Apt. #, etc. 27 Bldg. H City & State 28 Valdosta, GA Zip Country 29 31602 30 USA		3. Date Incorporated or Qualified 12/21/1973	3a. Date of Last Report 07/02/1996
4. FEI Number 58-1154992		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent BUCHANAN, (JOHN D. JR.) 1118 SOUTH MONROE ST. TALLHASSEE FL				10. Name and Address of New Registered Agent 81 Name Elbert Barineau 82 Street Address (P.O. Box Number is Not Acceptable) 5019 Valley Farm Road 83 84 City Tallahassee FL 85 Zip Code 32303			
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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 Elbert Barineau DATE 8-27-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST HAGAN BETTY J <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5354 MOSS OAK TRAIL	1.2 NAME	
STREET ADDRESS	LAKE PARK GA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V HAGAN DAVID M <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6324 GOLF DRIVE	2.2 NAME	
STREET ADDRESS	LAKE PARK GA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P HAGAN, H.D. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5354 MOSS OAK TRAIL	3.2 NAME	
STREET ADDRESS	LAKE PARK GA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X Hagan DATE 8/18/97 (912) 245-8774

CR2E034 (4/97)