SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:23

DOCUMENT # 322780 (8)

1. Corporation Name
GREAT BAY DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
2310 STARKEY RD. LARGO FL 34641	2310 STARKEY RD. LARGO FL 34641

[redacted] WRITE IN THIS SPACE.

3a. Date of Last Report: 04/21/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | County — 30

[redacted] 6133

☐ 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 intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FOCARDI,CLAUDE C
2310 STARKEY RD.
LARGO FL 34641

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, type 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	CEO	11 TITLE	☐ Change ☒ Addition D
NAME	FOCARDI, CLAUDE	12 NAME	RUBRIGHT, CRAIG A.
STREET ADDRESS	2432 PELHAM RD N	13 STREET ADDRESS	1811 W3ATHERSTONE
CITY-ST-ZIP	ST PETERSBURG FL ZIP 33710	14 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BELL,G RICHARD	22 NAME	
STREET ADDRESS	14567 102ND AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL ZIP 34644	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☒ Addition V
NAME	FOCARDI, NINA	32 NAME	KENNEDY, JAMES
STREET ADDRESS	2432 PELHAM RD.,N.	33 STREET ADDRESS	2810 COUNTRYSIDE BLVD, UNIT 4
CITY-ST-ZIP	ST PETERSBURG FL ZIP 33710	34 CITY-ST-ZIP	CLEARWATER, FL 34621
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SOKOLOWSKI, CLAUDIA	42 NAME	
STREET ADDRESS	8341 144 LANE N	43 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL ZIP 34646	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	PETRINI, RONALD R	52 NAME	
STREET ADDRESS	12951 ESTATE TERRACE S	53 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL SEMINOLE, FL ZIP 34646	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	NELSON, DONALD	62 NAME	
STREET ADDRESS	49 BISHOP CREEK DR	63 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL ZIP 34695	64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: C A. RUBRIGHT 6/9/95 (813) 584-8626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Craig A. Rubright

0116063 CP