

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 322780 (8)

1. Corporation Name

GREAT BAY DISTRIBUTORS, INC.



Principal Place of Business

2310 STARKEY RD.
LARGO FL 34641

Mailing Address

2310 STARKEY RD.
LARGO FL 34641

3. Date Incorporated or Qualified

11/07/1967

3a. Date of Last Report

06/23/1995

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

4. FEI Number

59-1196133

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

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 the filer, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
RUBRIGHT, CRAIG A.
STREET ADDRESS
1811 WEATHERSTONE
CITY-ST-ZIP
SAFETY HARBOR FL

TITLE ☐ DELETE

NAME
BELL, G. RICHARD
STREET ADDRESS
14567 102ND AVENUE
CITY-ST-ZIP
LARGO FL

TITLE ☐ DELETE

NAME
KENNEDY, JAMES
STREET ADDRESS
2810 COUNTRYSIDE BLVD., UNIT 4
CITY-ST-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
SOKOLOWSKI, CLAUDIA
STREET ADDRESS
8341 144 LANE N
CITY-ST-ZIP
SEMINOLE FL

TITLE ☐ DELETE

NAME
PETRINI, RONALD R
STREET ADDRESS
12951 ESTATE TERRACE S
CITY-ST-ZIP
LARGO FL

TITLE ☐ DELETE

NAME
NELSON, DONALD
STREET ADDRESS
49 BISHOP CREEK DR
CITY-ST-ZIP
SAFETY HARBOR 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 is voluntarily furnished and I does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

(813) 584-8626

CR2E034 (12/95)