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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J68755 (4)

1. Corporation Name
GBY, INC.

Principal Place of Business: **160 EAST LEMON STREET
TARPON SPRINGS FL 34689-3620**

Mailing Address: **160 EAST LEMON STREET
TARPON SPRINGS FL 34689-3620**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1920 FOUNTAINVIEW	26	1920 FOUNTAINVIEW	04/22/1987	05/26/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-2805558	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	HOUSTON, TX	28	HOUSTON, TX	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
77057	USA	77057	USA	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
FIGURSKI, GERALD A., ESQ. 8406 MASSACHUSETTS AVE. NEW PORT RICHEY FL 34653				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, ROBERT W	12 NAME	
STREET ADDRESS	1920 FOUNTAINVIEW	13 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	14 CITY ST ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIZK, SYLVIA	22 NAME	
STREET ADDRESS	1920 FOUNTAINVIEW	23 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	24 CITY ST ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LOIS	32 NAME	
STREET ADDRESS	1920 FOUNTAINVIEW	33 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	34 CITY ST ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, ROBERT W	42 NAME	
STREET ADDRESS	1920 FOUNTAINVIEW	43 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 110.07(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: **Robert W. Engel** **ROBERT W. ENCEL, V Pres.** 3/29/95 713/1977-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Page 2)