

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 26 AM 8:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # L22373 (9)**

1. Corporation Name  
**CARLO BAY ENTERPRISE, INC.**

Principal Place of Business: **516 PATRICIA AVENUE DUNEDIN FL 34698**

Mailing Address: **516 PATRICIA AVENUE DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

3. Date Incorporated or Qualified: **10/12/1989**

3a. Date of Last Report: **04/29/1994**

4. FEI Number: **NOT APPLICABLE**

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**

7. This corporation has liability for intangible tax under S. 199.052, Florida Statutes:  Yes  No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLUCCI, SAM C.**  
**516 PATRICIA AVE**  
**DUNEDIN FL 34698**

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: **P**  
NAME: **COLUCCI, SAM C.**  
STREET ADDRESS: **516 PATRICIA AVENUE**  
CITY-ST-ZIP: **DUNEDIN FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: **ST**  
NAME: **COLUCCI, CARLO C.**  
STREET ADDRESS: **516 PATRICIA AVENUE**  
CITY-ST-ZIP: **DUNEDIN FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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 officer or director empowered to execute this report as required by Chapter 047, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or both attached hereto with an address.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Sam C. Colucci**

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