

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L49935 (4)**

1. Corporation Name

**GEORGIAN BAY INC.**



Principal Place of Business

Mailing Address

C/O HAWKINS MICHAEL  
P.O. BOX 4136  
SARASOTA FL 34230-4136

C/O HAWKINS MICHAEL  
P.O. BOX 4136  
SARASOTA FL 34230-4136

3. Date Incorporated or Qualified **02/08/1990** 3a. Date of Last Report **04/11/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0215978** Applied For  Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAWKINS MICHAEL  
330 SOUTH PINEAPPLE AVENUE  
SUITE 106  
SARASOTA FL 34236-7020**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
P	HEACOCK, W. ROSS	1003 DOMINION AVE.	MIDLAND, ONT., CANADA	<input type="checkbox"/>
D	HEACOCK, REBECCA	1003 DOMINION AVE.	MIDLAND, ONT., CANADA	<input type="checkbox"/>
D	JURMAIN, JOSEPH	314 FIFTH STREET	MIDLAND, ONT., CANADA	<input type="checkbox"/>
ST	JURMAIN, KAREN	314 FIFTH STREET	MIDLAND, ONT., CANADA	<input type="checkbox"/>
V	BLACKWELL, JAMES	MIDLAND POINT	MIDLAND, ONT., CANADA	<input type="checkbox"/>
D	BLACKWELL, PAMELA	MIDLAND POINT	MIDLAND, ONT., CANADA	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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)(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:

*Joseph Jurmain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 08/96. 705-527-6644  
Date Daytime Phone #

CR2E034 (12/95)