

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 23 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 6440 STONE RIVER RD. P.O. BOX 4136 BRADENTON FL 34203 US | Mailing Address 431 GLENBROOK DR. P.O. BOX 4136 MIDLAND ON L4R5G US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

3. Date Incorporated or Qualified
02/08/1990

4. FEI Number
65-0215978 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

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 607.150B, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | HEACOCK, W. ROSS | |
| STREET ADDRESS | 1003 DOMINION AVE. | |
| CITY-ST-ZIP | MIDLAND, ONT., CANADA | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HEACOCK, REBECCA | |
| STREET ADDRESS | 1003 DOMINION AVE. | |
| CITY-ST-ZIP | MIDLAND, ONT., CANADA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JURMAIN, JOSEPH | |
| STREET ADDRESS | 314 FIFTH STREET | |
| CITY-ST-ZIP | MIDLAND, ONT., CANADA | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | JURMAIN, KAREN | |
| STREET ADDRESS | 314 FIFTH STREET | |
| CITY-ST-ZIP | MIDLAND, ONT., CANADA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BLACKWELL, JAMES | |
| STREET ADDRESS | MIDLAND POINT | |
| CITY-ST-ZIP | MIDLAND, ONT., CANADA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BLACKWELL, PAMELA | |
| STREET ADDRESS | MIDLAND POINT | |
| CITY-ST-ZIP | MIDLAND, ONT., CANADA | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing 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  **Joseph Jurmain** FEB. 16/98 705-528-6000 x206

CR2E034 (10/97)