

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 # **P95000087908**
1. Corporation Name

Gulf Bay Plumbing Corp



Principal Place of Business: 2120 RANGE ROAD CLEARWATER FL 34625
Mailing Address: 2120 RANGE ROAD CLEARWATER FL 34625

3. Date Incorporated or Qualified: 11/19/95
3a. Date of Last Report: none

2. Principal Place of Business: 21
2a. Mailing Address: 26 P.O. Box 5145

4. FEI Number: 59-3343784
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

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

City & State: 23 Clearwater FL

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip: 24 Country: 25
Zip: 29 34618-5145 Country: 30 USA

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

9. Name and Address of Current Registered Agent:
GRECO, FRANK J
1715 N. WESTSHORE BOULEVARD
SUITE 750
TAMPA FL 33607

10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: *Michael Montana* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTANA, MICHAEL	
STREET ADDRESS	2120 RANGE ROAD	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAITO, LEO F III	
STREET ADDRESS	2120 RANGE ROAD	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLORE, ELIO F III	
STREET ADDRESS	2120 RANGE ROAD	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Edmond S Martin Jr	
STREET ADDRESS	2120 Range Rd.	
CITY-ST-ZIP	Clearwater FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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PM 5/11/96

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: *Michael Montana* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #:

CP25024 (12/95)