

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

FILED
May 19 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000024722 (5)
 1. Corporation Name
GULF BAY CONSTRUCTION, INC.



| | |
|---|---|
| Principal Place of Business 801EL OAK DRIVE SUITE 640 NAPLES FL 34108 | Mailing Address 801EL OAK DRIVE SUITE 640 NAPLES FL 34108 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|----------------------------------|---------------------|----------------------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/14/1997 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3437502 | Applied For <input type="checkbox"/> Not Applicable |
| 22 | City & State <i>Suite 710</i> | 27 | City & State <i>Suite 710</i> | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent HAYES, JOHN A 4001 NORTH TAMiami TRAIL SUITE 350 NAPLES FL 34103 | | | | 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 _____
 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 | D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAYES, JOHN A | | 1.2 NAME | Anthony DiNardo | |
| STREET ADDRESS | 4001 N TAMiami TRAIL, SUITE 350 | | 1.3 STREET ADDRESS | 4001 Tamiami Trail North | |
| CITY-ST-ZIP | NAPLES FL 34103 | | 1.4 CITY-ST-ZIP | Naples, FL 34103 | |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOODWARD, MARK J | | 2.2 NAME | | |
| STREET ADDRESS | 801 LAUREL OAK DRIVE SUITE 640 | | 2.3 STREET ADDRESS | <i>Suite 710</i> | |
| CITY-ST-ZIP | NAPLES FL 34108 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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.

Anthony DiNardo

1998 05 19 12:20:20

CR2E034 (10/97)