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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L49935

1. Corporation Name
GEORGIAN BAY INC.

Principal Place of Business	Mailing Address
6440 STONE RIVER RD. P.O. BOX 4136 BRADENTON FL 34203 US	431 GLENBROOK DR. ~~P.O. BOX 4136~~ MIDLAND ON L4R5G ~~US~~ CANADA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1990

2. Principal Place of Business	2a. Mailing Address
21	26 431 GLENBROOK DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MIDLAND, ON
Zip 24 Country 25	Zip 29 L4R 5G4 Country 30 CANADA

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JURMAIN, JOSEPH		1.2 NAME		
STREET ADDRESS	314 FIFTH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLAND, ONT., CANADA		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JURMAIN, KAREN		2.2 NAME		
STREET ADDRESS	314 FIFTH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLAND, ONT., CANADA		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELL, JAMES		3.2 NAME		
STREET ADDRESS	MIDLAND POINT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLAND, ONT., CANADA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELL, PAMELA		4.2 NAME		
STREET ADDRESS	MIDLAND POINT		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLAND, ONT., CANADA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Joseph Jurmain May. 9/99 705-528-6000 X206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #