

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:46

DOCUMENT # 136035

(3)

1. Corporation Name

INTERBAY ESTATES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/24/1938	3a. Date of Last Report 01/24/1994
4. FEI Number 59-6074673	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent BROCK, CHARLES A. 221 EDGEWOOD AVENUE CLEARWATER FL 34615	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
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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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, PATRICIA	1.2 NAME	
STREET ADDRESS	1075 14TH AVE N	1.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG, FL 00000	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	BROCK, JEANNE P.	2.2 NAME	
STREET ADDRESS	221 EDGEWOOD AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	2.4 CITY- ST- ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	BROCK, CHARLES A	3.2 NAME	
STREET ADDRESS	221 EDGEWOOD AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER, FL 00000	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		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 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)(b), Florida Statutes. I further certify that the information included 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: Patricia B. Harris, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA B. HARRIS

1/12/95 (813) 895-2245