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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G:

1998

G79255

(7)

GATSBY SPAS, INC.

FILED							
Mar	16	1998	8:00am				
Se	cret	tary of	f State				

Principal Place of Business	Mailing Address		A MORINIA BORIL LOBRID VOIRED CIRCUL OCCUPA	IRII BIBIS OSDIS AIDII DIDII IODI
4408 AIRPORT	4408 AIRPORT			
STE A-100	STE A-100		DO NOT WRITE IN TH	IC CDACE
PLANT CITY FL 33567-1112	PLANT CITY FL 33567-1112		3. Date Incorporated or Qualified	IS SPACE
US	US		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
2. Principal Place of Business	2a. Mailing Address		01/20/1984 4. FEI Number	Applied For
21	26		59-2389088	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-		\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	26		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25	29 30	0	Personal Property Tax due June 30.	Yes L No
g, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registers	ed Agent
Jordan, Mark F.		81 Name	NNETH WI SORAH	
4408 AIRPORT ROAD		82 Street Address (P.O. Box Number is Not Acceptable)		
PLANT CITY FL 33587			ME + SUITE A-1	00
		63		
,		B4 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes,	the above-named c		
11. Pursuant to the provisions of Sections 607.0 office or registered agent or both, in the Stagent. Fam familia with, and accept the of	ite of Fforida. Such change was auti funtions of Section 607 0505. Floric	horized by the corporal fa Statutes.	oration's board of directors. I hereby accept the a	appointment as registered
SIGNATURE THE STATE OF THE SIGNATURE	Sond	KEI	WHETH W. SORAH, PRES,	1112198
	agent and title if applicable (NOTE B	Registered Agent signature re	equired when reinstating) DATI	1112111
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	☐ DELETE	1.1 TITLE	DIRECTOR ONLY	Change Addition
NAME JORDAN, MARK F.	+	12 NAME		
STREET ADDRESS 4408 AIRPORT RD STE A-1	00	1.3 STREET ADDRESS		
CITY-ST-ZIP PLANT CITY FL	DELETE	1.4 CITY-ST-ZIP	33567-1112	Change CAddition
TITLE DVPS	LT DELETE	2 1 TITLE		Change Lackoullon
NAME BAKER, WILLIE JOE	••	2.2 NAME		
STREET ADDRESS 4408 AIRPORT RD STE A-1	00	2 3 STREET ADDRESS	035/50 - 1110	
CITY-ST-ZIP PLANT CITY FL	DELETE	2 4 CITY-ST-ZIP	33567 - 1112 PRES./TRES./DIR.	☐ Change 🗶 Addition
TITLE	☐ DETER	3.1 TITLE	SORAH, KENNETH WI	Citatings (VI Modificit
NAME		3.2 NAME	4408 AIRPORT ADI, STE A-	100
STREET ADDRESS				
CITY-ST-ZIP TITLE	☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	PLANT CITY, FL 33567.	Change Addition
NAME			SPONAGLE , KENNETH E .	
STREET ADDRESS			17718 NATHANS DR	
		4.4 CITY-ST-ZIP	TAMPA, FL 33647	
CITY-ST-ZIP TITLE	DELETE	5.1 TITLE	ming John	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 CfTY-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.

OLONIATURE.

Frankt Doros

1/12/98

(813)754-4122