

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Mather
Secretary of State

**APPROVED
AND
FILED**

DOCUMENT # J20693 (4)

MAY - 1 AM 8:34

GULF BAY MARKETING GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **801 LAUREL OAK DR STE 640
C/O MARK J WOODWARD
NAPLES FL 33963**

Mailing Address: **801 LAUREL OAK DR STE 640
C/O MARK J WOODWARD
NAPLES FL 33963**

PLEASE WRITE IN THIS SPACE

| | | | | | |
|----------------------------|--|---------------------|--|---|---|
| 2. Filing jurisdiction | | 2a. Filing Address | | 3. Date of Incorporation or Transfer | 3a. Date of Last Report |
| 21. State of Incorporation | | 26. State of Filing | | 06/23/1986 | 04/22/1994 |
| 22. City or State | | 27. City & State | | 4. Filing Number | Applied For / Not Applicable |
| 23. Zip | | 28. Zip | | 59-2690520 | |
| 24. Country | | 29. Country | | 5. Certificate of State Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 25. Country | | 30. Country | | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | | | 7. This corporation has liability for intangible tax under S. 199.032 Florida Statute | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | | | | | |
|---|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| WOODWARD, MARK J. 801 LAUREL OAK DR STE 640 NAPLES FL 33963 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | City | | |
| | | | | 84 | FL | 85 | Zip Code |

11. Pursuant to the provisions of sections 607.06(5) and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both of 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 607.06(5), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95 | |
|--|---|---|---|
| 12-1 NAME: PD FERRAO, AUBREY | 12-2 STREET ADDRESS: 4001 TAMiami TRAIL N., STE.350 | 13-1 NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-3 CITY/STATE: NAPLES FL | | 13-2 STREET ADDRESS: | |
| 12-4 ZIP: PD | | 13-3 CITY/STATE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-5 NAME: DiNardo, Anthony | 12-6 STREET ADDRESS: 4001 Tamiami Trail N., Ste 350 | 13-4 NAME: | |
| 12-7 CITY/STATE: NAPLES, Florida 33940 | | 13-5 STREET ADDRESS: | |
| 12-8 NAME: | | 13-6 CITY/STATE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-9 STREET ADDRESS: | | 13-7 NAME: | |
| 12-10 CITY/STATE: | | 13-8 STREET ADDRESS: | |
| 12-11 NAME: | | 13-9 CITY/STATE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-12 STREET ADDRESS: | | 13-10 NAME: | |
| 12-13 CITY/STATE: | | 13-11 STREET ADDRESS: | |
| 12-14 NAME: | | 13-12 CITY/STATE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12-15 STREET ADDRESS: | | 13-13 NAME: | |
| 12-16 CITY/STATE: | | 13-14 STREET ADDRESS: | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071(1)(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 manager or holder of powers equivalent to those of a director as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or in a filing filed with an address.

SIGNATURE: *Aubrey J. Ferrao* **Aubrey J. Ferrao** 4/25/95 813-434-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR