

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K02914 (5)

1. Corporation Name

INTERBAY PROPERTY INVESTMENTS, INC.

Principal Place of Business

201 EAST KENNEDY BLVD
STE - 925
TAMPA FL 33602
US

Mailing Address

201 EAST KENNEDY BLVD
STE - 925
TAMPA FL 33602
US



2. Principal Place of Business

2a. Mailing Address

21 2907 BAY TO BAY BLVD.

26 2907 BAY TO BAY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 209

27 SUITE 209

City & State

City & State

23 TAMPA, FL.

28 TAMPA, FL.

Zip

Country

Zip

Country

24 33629

25 US

29 33629

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/19/1987

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2895603

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

10. Name and Address of New Registered Agent

GRANDOFF, JOHN B. (III)
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

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

TITLE PD
NAME BOHANNAN, ROBERT ☐ DELETE
STREET ADDRESS 4501 BROOKWOOD DRIVE
CITY-ST-ZIP TAMPA FL

TITLE DST
NAME BOHANNAN, ROBERT ☐ DELETE
STREET ADDRESS 4501 BROOKWOOD DRIVE
CITY-ST-ZIP TAMPA FL

TITLE DV
NAME BOHANNAN, ROBERT ☐ DELETE
STREET ADDRESS 4501 BROOKWOOD DRIVE
CITY-ST-ZIP TAMPA FL

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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.

SIGNATURE:

Robert E. Bohannan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

(813)
835-7600

CR2E034 (12/95)