**FILED** Feb 24, 1999 8:00 am

Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **K78976**

<ol><li>Corporation</li></ol>	n Name	_					
GULF-TO	)-bay air systems, inc.						
						EKI BIBIL ELEK BIBIL I	
Principal Place of Business Mailing Address							
4567 130TH AVENUE NORTH							
P.O. BOX 17322 P.O. BOX 17322 CLEARWATER FL 34622 CLEARWATER FL 34622					DO NOT WRITE IN THIS SPACE		
VEETITION !					3. Date Incorporated or Qualifed		
					04/06/1989		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Ap	plied For
21	<u></u>	26			59-2941718		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ • • • •		5. Certifcate of Status Desired	\$8.75 / Fee Re	
22		27	City & State				
City & Stat	e			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
<b>Zip</b>	Country Zip Co		Countr		This corporation owes the current year		0.000
24	25		30	,	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		7.		10. Name and Address of New Registe		
			81	Name			
DRECHSEL, ROBERT J.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
13884 TERN LANE				Olicot Ad			
CLE	ARWATER FL 33762		83	B			
			84	City		85 Zip (	Code
		_		'			
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above	e-named cor	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its opointment as re	registered gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statute:	3.		•	-
SIGNATURE				<del></del>	ered when reinstating) DATI		
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	13.	ni signature requi	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P	DELETE	1.1 TITLE			Change	Addition
NAME	DRECHSEL, ROBERT J.		1.2 NAME				
STREET ADDRESS	13884 TERN LANE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33762		1.4 CITY-ST-ZIP				
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	LABRANCHE, JOHN A.		2.2 NAME		•		
STREET ADDRESS	8079 DOVEHILL LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	LARGO FL		2. 4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	·	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	
NAME			4. 2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS	•						
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	51-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE		C DECEIE	5.1 NAME				<u>.</u>
NAME				TADORESS	`		
STREET ADDRESS			5.4 CITY- S				

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

<u>727-5</u>72-9393

Change

☐ Addition