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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K84666

(2)

1. Corporation Name
GULF BAY CHEMICAL CO.

Principal Place of Business
10740 47TH ST N
CLEARWATER FL 34622
US

Mailing Address
P O BOX 21662
ST PETERSBURG FL 33742-1662



3. Date Incorporated or Qualified 04/28/1989	3a. Date of Last Report 02/01/1996
4. FEI Number 59-2953265	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	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent SMITH, WALTER E., ESQ 1301 4 ST N P.O. BOX 27 ST PETERSBURG FL 33731	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ASHLINE, WILLIAM G.	1.2 NAME	
STREET ADDRESS	1112 40 AVE NE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ASHLINE, ELAINE R.	2.2 NAME	
STREET ADDRESS	1112 40 AVE NE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ASHLINE, BLAIR A.	3.2 NAME	
STREET ADDRESS	5500 KELLY DR N	3.3 STREET ADDRESS	3792 Arkansas Ave NE
CITY - ST - ZIP	ST PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	DT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GRACE, CHARLES DAVID	4.2 NAME	
STREET ADDRESS	161 114TH AVE. N.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ 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 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Elaine R. Ashline 2-7-97 P13-572-4574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)