FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:04

DOCUMENT # **L49935** **(4)**

1. Corporation Name
GEORGIAN BAY INC.

Principal Place of Business	Mailing Address
C/O HAWKINS MICHAEL P.O. BOX 4136 SARASOTA FL 34230-4136	C/O HAWKINS MICHAEL P.O. BOX 4136 SARASOTA FL 34230-4136

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/08/1990
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0215978	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HAWKINS MICHAEL
330 SOUTH PINEAPPLE AVENUE
SUITE 106
SARASOTA FL 34236-7020

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HEACOCK, W. ROSS	12 NAME	
STREET ADDRESS	1003 DOMINION AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND,ONT.,CANADA	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HEACOCK, REBECCA	22 NAME	
STREET ADDRESS	1003 DOMINION AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND, ONT., CANADA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JURMAIN, JOSEPH	32 NAME	
STREET ADDRESS	314 FIFTH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND, ONT., CANADA	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	JURMAIN, KAREN	42 NAME	
STREET ADDRESS	314 FIFTH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND, ONT., CANADA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, JAMES	52 NAME	
STREET ADDRESS	MIDLAND POINT	53 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND, ONT., CANADA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, PAMELA	62 NAME	
STREET ADDRESS	MIDLAND POINT	63 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND, ONT., CANADA	64 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)(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: Joseph Jurmain March 27/95 705-527-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0458106 FP