FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90035 034 ***150 00

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DOCU 1. Corporatio	MENT # L49935				
GEORGI	AN BAY INC.				
					
Principal Plac	e of Business	Mailing Address			
6440 STONE R		431 GLENBROOK DR.			
P.O. BOX 4136		P:O: DON-1100 - MIDLAND ON L4R5G		DO NOT WRITE IN TH	IS SPACE
BRADENTON FL 34203 MIDLAND ON L4R5G US ## CAペADA				3. Date Incorporated or Qualifed	
				02/08/1990	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 431 666	NBROOK DR.	65-0215978	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Co	Fee Required
City & Stat	e	City & State	7 0.1	6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	Zip Zip	Country	Trust Fund Contribution	Added to Fees
Zip	Country 25		30 CANADA	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
24	9. Name and Address of Current	1	30 /0/(~//0//	10. Name and Address of New Registere	
			81 Name		
HAWKINS MICHAEL			82 Street Addre	ass (P.O. Box Number is Not Acceptable)	R
330 SOUTH PINEAPPLE AVENUE			Sileer Addit	ass (F.O. Box Number is Not Acceptable)	
SUITE 106			83		
SARASOTA FL 34236-7020			84 City		85 Zip Code
				<u></u>	L
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named corporation	pration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its registered
agent. I a	registered agent, or both, in the State t im familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes.	ns board of directors. Thereby accept the dep	omanent as registered
SIGNATURE					
40	Signature, typed or printed name of registered agen		Registered Agent signature required	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12. TITLE	OFFICERS AN	□ DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	JURMAIN, JOSEPH		12 NAME		
STREET ADORESS	ALL CITTLE ATTECT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLAND, ONT., CANADA		1,4 CITY-ST-ZIP		
TITLE ·	ST	☐ DELETE	2.1 TITLE		Change Addition
NAME	JURMAIN, KAREN		2.2 NAME		
STREET ADDRESS	A44 FIRTH ATOERT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLAND, ONT., CANADA	ು ಬಗ್ಗಾಭಾವಿ ಮತ್	2.4 CITY-ST-ZIP :	and the second of the second o	5-1 2 - 3
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELL, JAMES		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLAND, ONT., CANADA		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELL, PAMELA		4. 2 NAME		
STREET ADDRESS	MIDLAND POINT		4.3 STREET ADORESS		
CITY-ST-ZIP	MIDLAND, ONT., CANADA	C DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE	5.1 TITLE 5.2 NAME		☐ cuange ☐ Modition
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition
	2,5,43	<u>_</u>	6.2 NAME		- •
STREET ADDRESS	POT CONTINUES		6.3 STREET ADDRESS		

CITY-ST-ZIP, 17 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SICHATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR