

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

**CORPORATION
ANNUAL REPORT
1995**



OFFICE OF THE SECRETARY OF STATE
JENNIFER H. MONTGOMERY
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # M98697 (9)

1. Corporation Name

GULF BAY LAND INVESTMENTS, INC.

**APPROVED
AND
FILED**

95 MAY - 1 AM 8:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**C/O WOODWARD & WOODWARD, P.A.
801 LAUREL OAK DR 640
NAPLES FL 33963**

Mailing Address

**C/O WOODWARD & WOODWARD, P.A.
801 LAUREL OAK DR 640
NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification

09/12/1988

3a. Date of Last Report

04/22/1994

4. FEI Number

65-0072733

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

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODWARD, MARK J.
801 LAUREL OAK DR STE 640
NAPLES FL 33963**

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 607.0402 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 607.0403, Florida Statutes.

SIGNATURE

(Signature of Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY & STATE

ZIP

**PD
FERRAO, AUBREY J.
4001 TAMiami TRAIL N., STE.350
NAPLES FL**

12.2

NAME

STREET ADDRESS

CITY & STATE

ZIP

**D
WOODWARD, MARK J
801 LAUREL OAK DR #640
NAPLES FL**

12.3

NAME

STREET ADDRESS

CITY & STATE

ZIP

12.4

NAME

STREET ADDRESS

CITY & STATE

ZIP

12.5

NAME

STREET ADDRESS

CITY & STATE

ZIP

12.6

NAME

STREET ADDRESS

CITY & STATE

ZIP

12.7

NAME

STREET ADDRESS

CITY & STATE

ZIP

12.8

NAME

STREET ADDRESS

CITY & STATE

ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

13.1

NAME

STREET ADDRESS

CITY & STATE

ZIP

13.2

NAME

STREET ADDRESS

CITY & STATE

ZIP

13.3

NAME

STREET ADDRESS

CITY & STATE

ZIP

13.4

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CITY & STATE

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13.7

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STREET ADDRESS

CITY & STATE

ZIP

13.8

NAME

STREET ADDRESS

CITY & STATE

ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aubrey J. Ferrao

4/25/95

813-434-2030