4-20-95 P-4006-C

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P92000013101 (0)

1. Corporation Name
LONDON BAY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
8280 COLLEGE PARKWAY SUITE 201 FORT MYERS FL 33919	8280 COLLEGE PARKWAY SUITE 201 FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0391906	☐ Applied For ☐ Not Applicable
21 8270 COLLEGE PKWY	26 8270 COLLEGE PKWY		
Suite, Apt. #, etc. 22 SUITE 205	Suite, Apt. #, etc. 27 SUITE 205	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 FT MYERS, FL	City & State 28 FT MYERS, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33919 / Country 25 USA	Zip 29 33919 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON, GEMMA C 8280 COLLEGE PKWY SUITE 201 FT. MYERS FL 33919	81 Name: WILSON, GEMMA C. 82 Street Address (P.O. Box Number is Not Acceptable): 8270 COLLEGE PKWY 83 SUITE 205 84 City: FT MYERS FL 85 Zip Code: 33919

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: GEMMA C. WILSON, SECRETARY, V.P. GCWilson 3/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	PT	☑ Change ☐ Addition
NAME	WILSON, MARK D	12 NAME	WILSON, MARK D.	
STREET ADDRESS	8280-201 COLLEGE PARKWAY	13 STREET ADDRESS	8270 COLLEGE PKY, 205	
CITY-ST-ZIP	FT. MYERS FL 33919	14 CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE	VS	21 TITLE	VS	☑ Change ☐ Addition
NAME	WILSON, GEMMA C	22 NAME	WILSON, GEMMA C.	
STREET ADDRESS	8280 -201 COLLEGE PARKWAY	23 STREET ADDRESS	8270 COLLEGE PKWY, 206	
CITY-ST-ZIP	FT. MYERS FL 33919	24 CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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: GEMMA C. WILSON GCWilson 3/25/95 (813) 489 3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

032A00 CP