

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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
8270 COLLEGE PKWY
SUITE 205
FORT MYERS FL 33919
US

Mailing Address
8270 COLLEGE PARKWAYS
SUITE 205
FORT MYERS FL 33919
US

3. Date Incorporated or Qualified
12/18/1992

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 PLEASE NOTE OUR NEW ADDRESS:
22 889 111th Avenue North
23 Naples, Florida 33963-1806
24 Phone (941) 592-1400
25 Fax (941) 592-1413
26 US

26 PLEASE NOTE OUR NEW ADDRESS:
27 889 111th Avenue North
28 Naples, Florida 33963-1806
29 Phone (941) 592-1400
30 Fax (941) 592-1413
31 US

4. FEI Number
65-0391906

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, GEMMA C
8270 COLLEGE PKWY
SUITE 205
FT. MYERS FL 33919

81 Name
82 Street Address (P) PLEASE NOTE OUR NEW ADDRESS:
83 889 111th Avenue North
84 City Naples, Florida 33963-1806
Phone (941) 592-1400
Fax (941) 592-1413
Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation certifies it is authorized to file this report on behalf of 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

Gemma C. Wilson

5/18/96

12. OFFICERS AND DIRECTORS

TITLE	PT	WILSON, MARK D	8270 COLLEGE PKWY #205	FT. MYERS FL
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE	VS	WILSON, GEMMA C	8270 COLLEGE PKWY #205	FT. MYERS FL
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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

5/18/96

(941) 592-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEMMA C. WILSON

CR2E034 (12/95)