

**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 # P93 00005 2484  
1. Corporation Name

GRAND ISLAND BAY REALTY, INC.

Principal Place of Business Mailing Address  
5800 GASPARILO ROAD P.O. Box 92  
Boca Grande, FL Boca Grande  
FL 33921

3. Date Incorporated or Qualified 7/23/93  
3a. Date of Last Report 4/30/95

21. Principal Place of Business  
5800 GASPARILO RD

2a. Mailing Address  
P.O. Box 92

4. FEI Number 65-0432922  
Applied For Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23. City & State Boca Grande

28. City & State Boca Grande, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24. Zip 33921 25. Country USA

29. Zip 33921 30. Country CHARLOTTE

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

F. GENE ROBY  
1231 BEACH ROAD  
INGLEWOOD, FL 33423

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 607.0502 and 607.1506, 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 F. GENE ROBY, PRESIDENT F. Gene Roby 4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	RD	<input type="checkbox"/> DELETE
NAME	F. GENE ROBY	
STREET ADDRESS	1231 BEACH RD	
CITY-ST-ZIP	INGLEWOOD, FL 33423	
TITLE	RD	<input type="checkbox"/> DELETE
NAME	JOSEPH HAMMA	
STREET ADDRESS	330 NEWCASTLE ROAD	
CITY-ST-ZIP	ROCHESTER, NY 14610	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	400001859884
5.4 CITY-ST-ZIP	-06/12/96--01059--026
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***200.00
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: F. Gene Roby 4/29/96 941-493-7934  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day of the Month

CR2E034 (12/95)