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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000031005 (9)

DOCUMENT #

GREATER BAY ENTERPRISES, INC.								
Distinct Plans of	Ducinoes	Mailing Address					I MBIRE CITEL CERT BRIN BRIN BLUC 1984	
Principal Place of Business 3806 LAND-O-LAKES BLVD. LAND-O-LAKES FL 34639 US		P.O. BOX 41	P.O. BOX 41 LAND-O-LAKES FL 34639			3. Date Incorporated or Qualified 3a. 04/22/1994	. Date of Last Report 05/01/1995	
							Applied For	
2. Principal Place	e of Business	2a. Mailing Address				4. FEI Number 59-3243113	Not Applicable	
21	26				\$8.75 Additional			
Suite, Apt. #, etc. Suite, A						5. Certificate of Status Desired	F∈e Required	
22		27	City & State			6. Election Campaign Financing	\$5.00 May Be	
City & State		28				Trust Fund Contribution	Added to 1 000	
23	Country	Zip	Cou	intry		8. This corporation has liability for intang	gible tax unders 199.032,	
Zip	25	29	30			Florida Statutes Yes		
24	9. Name and Address of Curre					10. Name and Address of New Regis	tered Agent	
<u> </u>	<u></u>			81	Name			
TIPTON, KATHY J				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
3806 LAND-O-LAKES BLVD.				83	 			
LAND-O	-LAKES FL 34639				ļ		85 Zip Code	
				84	1 -	oration submits this statement for the purpose ard of directors. I hereby accept the appointn	FL 1 1	
tamiliar with SIGNATURE	ionarure, Nood or service name of registrated say	and mer appyable	1		_	oration submits this statement for the purpose and of directors. I hereby accept the appointment of the appo	DATE RS AND DIRECTORS IN 12	
12.		ND DIRECTORS		TITLE	<u>-</u>		Change Addition	
TITLE	d Tipton, Kathy J			NAME				
NAME	3806 LAND-O-LAKES BLV	n	1.3	STREE	ET ADDRESS			
STREET ADDRESS	LAND-O-LAKES FL		1.4	CITY -	-ST-ZIP			
CITY-ST-ZIP	D	DELETE	2.1	TITLE			Change Addition	
NAME	TIPTON, BILL G		2.2	NAME				
STREET ADDRESS	3806 LAND-O-LAKES BLV	/ D.	. 23	STREE	ET ADDRESS			
CITY-ST-ZIP	LAND-O-LAKES FL				-ST-ZIP		Change Addition	
TITLE		☐ DELETE		1 TITLE		•	C Annual C	
NAME				NAME	1			
STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP		FIDDET		CITY 1 TITL	-SI-ZIP		Change Addition	
TITLE		☐ DELETE		I HIL 2 NAM				
NAME					ELT ADDRESS			
STREET ADDRESS					-SI-ZIP			
CITY-ST-ZIP		DELETE		1 JiTL			☐ Change ☐ Addition	
TITLE				2 NAM	1			
NAME					EET ADDRESS			
STHEET ADDRESS			1		(-ST-ZIP		Charte C Addition	
CITY - S1 - ZIP		☐ DELETE		1 TITI			Change Addition	
TITLE NAME			6.	2 NAM	NE			
STREET ADDRESS			6	3 STR	EET ADDRESS			
1			6	4 CIT	Y-SI-ZIP	fy for the exemption stated in Section 119.07	7/3//k) Florida Statutes, I further	
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, 1 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 certify 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:

SIGNING OFFICE OR DIRECTOR

3-00.54 813 954-6603

CR2E034 (12/95)