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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

	1990	DIVISION	F CORPORAT	ION2			
DOCU 1. Corporatio	MENT # P95	000031951 (3	3)				
GBA I	HOLDINGS, INC.						
<u> </u>							
Principal Place	e of Business	Mailing Address			F EGALFRAN VIA LAVAL ATVIL BANKT ADVI	i equit orien iller iller	HANDI BINDI NUN IUDI
1819 MAIN ST SUITE 1100 SARASOTA FL 34236		1819 MAIN ST SUITE 1100 SARASOTA EL 24220	SUITE 1100		·		
	ace of Business	SARASOTA FL 34236			3. Date Incorporated or Qualified 04/20/1995	3a. Date of Las	t Report
21		2a. Mailing Address 26			4. FEI Number 65-0585795		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	75 Additional
City & State	9	City & State	City & State		6. Election Campaign Financing	F6	e Required
23 Zip	Country	28 Zip	Zip Country		Trust Fund Contribution	Ad	ded to Fees
24	25 29		30	,	Florida Statutes Yes	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No	
	g. Name and Address of C	urrent Registered Agent			10. Name and Address of New R		
20044			81	Name			
	I, DARYL J Ain st		82	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)	
	1819 MAIN ST Suite 1100						
	OTA FL 34236		83				
			84				Zip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607. ed agent, or both, in the State of h, and accept the obligations of,	.0502 and 607,1508, Florida Statut Florida. Such change was authoriz Section 607,0505, Florida Statutes	es, the above- red by the corp	named corp oration's bo	poration submits this statement for the purporation submits this statement for the purporation of directors. I hereby accept the apport	cose of changing its	s registered office ed agent. I am
SIGNATURE	Signature, typied or printed name of registered						
12.		S AND DIRECTORS	13,	it signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	7000 W 10
TITLE	D	☐ DELETE	1 1 TITLE		P, S, T	Change	
NAME	BROWN, DARYL J	••	1.2 NAME	ľ	Daryl J. Brown		20
STREET ADDRESS CITY-ST-ZIP	1819 MAIN ST SUITE 110 SARASOTA FL 34236	00	1.3 STREET	1	1819 Main Street, S	Suite 1100	
TITLE	OARNOUTA FL 34230	[] DELETE	1.4 CITY - S 2 1 TITLE	T-ZIP	Sarasota, FL 34236		
NAME		□ occes	22 NAME			Change	Addition
STREET ADDRESS			2.3 STREET	ADDRESS			
CHTY-ST-ZiP			24 CITY-S				
TITLE	DELETE		3 1 TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			3 2 NAME				_
STREET ADDRESS CITY-ST-ZIP			3.3. STREET	l l			
TITLE		[] DELETE	3.4 CITY-S	- ZIP			
NAME			4.2 NAME	ĺ		☐ Change	☐ Addition
STREET ADDRESS			43 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CiTY-\$1				
TITLE		☐ DELETE	5. 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP TITLE		F) Dricte	5 4 City-St	- ZIP			
NAME		DELETE	6. 1 TITLE	1		☐ Change	☐ Addition
STREET ADDRESS			6.2 NAME	I DODGE			
CITY-ST-ZIP			6.3 STREET				
	certify that the information suppli	ied with this filing is voluntarily furnis	6.4 CITY-ST shed and does	not qualify	for the exemption stated in Section 119.0	1/2)(II) Florido Ct -t	Ann I E Man

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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

(941) 957-3800