## 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

P95000048676 (7)

DOCUMENT #

DOCK OF THE BAY INVESTMENTS, INC.

Principal Place of Business  3324 SHELL POINT ROAD WEST RUSKIN FL 33570  Mailing Address  -P.O. BOX 43  WIMAUMA FL 33588			-			BOIR BUIDDE HEIDE BUIDE ABBIH BUID ABBI
					3. Date Incorporated or Qualified 3a. ( 06/22/1995	Date of Last Report
Principal Place of Business     Total		28. Mailing Address 26 3324 Shell Point Pd. W		4. FEI Number 59-33 18737	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Gity & State	State .		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28 Kuskin	Country		Trust Fund Contribution  8. This corporation has liability for intangible	Added to Fees e tax under s. 199 032
24]	25	29 33570 3	0 [-	ills.	Florida Statutes Ves No	·
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	ed Agent
CREASON, CHERYL A				1		
	AVENUE N.E.		82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
RUSKIN	FL 33570		83			
			84	City	F	85 Zip Code
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 Signature, typed or profed name of registered agent and title if appricable (NOTE: Registered Agent is greature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	SCHAUB, SHEILA	☐ DELÉTE	1 1 TITLE			Change Addition
NAME STREET ADDRESS	1006 BUTCH CASSIDY TRAIL		12 NAME 13 STREET	Annress		
CITY-\$1-ZIP	WIMAUMA FL 33598		14 CITY-5			
TITLE	POTTER, HAROLD	DELETE	2 1 TITLE			Change Addition
NAME	P.O. BOX 43 N/A		2 2 NAME			
STREET ADDRESS CITY-ST-ZIP	WIMAUMA FL 33598		23 STREET 24 City-S	·		
TITLE		☐ DELETE	3 1 T TLE		pirector Officer	Change Addition
NAME			3 2 NAME	$-\mathcal{L}$	pirector Officer Enjomin Grimaldi 1011 Revels Rd	
STREET ADDRESS			3 3. STREE	T ADDRESS	1011 Rovers Rd	م
CITY-ST-ZIP TITLE		☐ DELETE	3 4 CITY - S 4 1 T-TLE	ST-ZIP 1	Riverview, FL 3351	Change Addition
NAME		<b>_</b>	4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		E3 DELETE	4.4 CITY - S	ST - ZIP		
TITLE NAME		DELETE	5 1 T TLE 52 NAME		•	Change Addition
STREET ADDRESS			53 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S			
THILE		☐ DEFELE	6 1 TiTLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET			
6.4 CITY-51-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. Ffurther 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 of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Description  Descr						Daytine Prione #

CR2E034 (12/95)