

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 # P95000073068 (5)

1. Corporation Name

G.T.B. VENTURES CO.



Principal Place of Business

Mailing Address

**C/O HARRIS & COMPANY
309 NORTH BELCHER ROAD
CLEARWATER FL 34625**

**C/O HARRIS & COMPANY
309 NORTH BELCHER ROAD
CLEARWATER FL 34625**

3. Date Incorporated or Qualified
09/21/1995

3a. Date of Last Report
FIRST

2. Principal Place of Business

2a. Mailing Address

21 **3005 SR 590**

26 **3005 SR 590**

4. FEI Number

Applied For

59-3340992

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 200**

27 **SUITE 200**

City & State

City & State

23 **CLEARWATER, FL**

28 **CLEARWATER, FL**

Zip

Country

Zip

Country

24 **34619**

25 **USA**

29 **34619**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

MARSHALL S. HARRIS

82 Street Address (P.O. Box Number is Not Acceptable)

3005 SR 590

83

SUITE 200

84 City

CLEARWATER

FL

85 Zip Code

34619

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

Marshall S. Harris
(Signature, typed or printed name of registered agent and title, if applicable)

MARSHALL S. HARRIS, PRES
(NOTE: Registered Agent signature required when reinstating)

4-25-96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **HARRIS, MARSHALL S**
STREET ADDRESS **309 NORTH BELCHER ROAD**
CITY - ST - ZIP **CLEARWATER FL 34625**

TITLE **TD** ☐ DELETE

NAME **SPAULDING, DAVID**
STREET ADDRESS **309 NORTH BELCHER ROAD**
CITY - ST - ZIP **CLEARWATER FL 34625**

TITLE **VD** ☐ DELETE

NAME **BROWN, ROBERT G**
STREET ADDRESS **309 NORTH BELCHER ROAD**
CITY - ST - ZIP **CLEARWATER FL 34625**

TITLE **SD** ☐ DELETE

NAME **TELFORD, JOHN T**
STREET ADDRESS **309 NORTH BELCHER ROAD**
CITY - ST - ZIP **CLEARWATER FL 34625**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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 **3005 SR 590, SUITE 200**
1.4 CITY - ST - ZIP **CLEARWATER, FL 34619**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **3005 SR 590, SUITE 200**
2.4 CITY - ST - ZIP **CLEARWATER, FL 34619**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **3005 SR 590, SUITE 200**
3.4 CITY - ST - ZIP **CLEARWATER, FL 34619**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **3005 SR 590, SUITE 200**
4.4 CITY - ST - ZIP **CLEARWATER, FL 34619**

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, upon an attachment with an address.

SIGNATURE:

Marshall S. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHALL S. HARRIS **4-25-96** **(813) 97-0888**
Date Daytime Phone #

CR2E034 (12/95)