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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073184 (9)

GULF TO BAY PAINTING. INC.

FILED Mar 13 1998 8:00am Secretary of State



| | | | | | | <u> </u> |
|---|---|----------------------------|---------------------------|---------|----------------------|---|
| Principal Place of Business Mailing Address | | | | | | ((Sainds) to this Atts. Abite batte anne batte tonen tree then their and |
| 14921 REDCL | IFF DRIVE | 14921 REDCLIFF DRIVE | 14921 REDCLIFF DRIVE | | | |
| TAMPA FL 33 | 625 | TAMPA FL 33625 | TAMPA FL 33625 | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualified |
| | | | | | | 08/29/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4, FEI Number Applied For |
| 21 | | 26 | 26 | | | 59-3416728 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5 Certificate of Status Desired \$8.75 Additional |
| 22 | | 27 | | | | Fee Required |
| City & State | e | ⊢ ' | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution |
| Zip | Country | Zip | | Country | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 Name and Address of Currer | | 30 |) | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| | | ir uedistelen wäelir | | 81 | Name | 10. Halile and Address of New Registered Agent |
| | SELLI, NATALE III 021 REDCLIFF DRIVE | | - 1 | | | |
| | MPA FL 33625 | | 82 Street Add | | Street Addre | ess (P.O. Box Number is Not Acceptable) |
| 1AI | WFA FL 33023 | | ŀ | 83 | | |
| | | | - 1 | | | |
| | | | | 84 | City | FL 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 printed name of registered agent and title if applicable (NOTE: Br | | | | negA b | it signature require | d when reinstating) DATE |
| 12. | PD OFFICERS AN | D DIRECTORS DELE TE | 13. 1,1 TITLE | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition |
| TITLE | TOSELLI, NATALE III | DECENT | 1.2 NAME | | | E Change E Addition |
| NAME | 14921 REDCLIFF DRIVE | | 1.3 STREET | | UDDDECC | |
| STREET ADDRESS | TAMPA FL 33625 | | | | i | |
| CITY-ST-ZIP TITLE | VP | DELETE | 1.4 CITY - S 2.1 TITLE | | - ZIF | ☐ Change ☐ Addition |
| NAME | SHULTZ, CHRISTOPHER | | 2.2 NA | | ŀ | |
| STREET ADDRESS | 4211 MILLER AVE. | | 2.3 STREET ADDRE | | ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | | | ITY-ST | | |
| TITLE | Ť | ☐ DELETE | 3.1 TITLE | | | Change Addition |
| NAME . | TOSELLI, NATALE III | | 3.2 N/ | | | |
| STREET ADDRESS | 14921 RECLIFF DR. | | 3.3 STREET | | ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33625 | | 3.4. CI | ITY-SI | I-ZIP | |
| TETLE | VPS | DELETE | 4.1 TIT | TLE | | ☐ Change ☐ Addition ☐ |
| NAME | TOSELLI, CINDY | | 4.2 N | | | |
| STREET ADDRESS | 14921 REDCLIFF DR | | 4.3 STREET | | ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | Distrete | 4.4 CII | | - ZIP | Abassa D kaross |
| TITLE | | DELETE | 5.1 TIT | | ŀ | ☐ Change ☐ Addition |
| NAME | | | | ME | | |
| STREET ADDRESS | | | 5 3 STREET | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY-S 6.1 TITLE | | - ZIP | ☐ Change ☐ Addition: |
| TITLE | | □ nerest | 1 | | | Change C Muniture |
| NAME CTOTET ADDRESS | | | 6.2 NA | | IDDDECC | |
| STREET ADDRESS | | | • | | NDDRESS 710 | |
| CITY-ST-ZIP | | | 6401 | TY-ST- | - LIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted 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 order in altachment with an address.