


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90121 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000073184					
1. Corporation Name GULF TO BAY PAINTING, INC.					
Principal Place of Business 14921 REDCLIFF DRIVE TAMPA FL 33625			Mailing Address 14921 REDCLIFF DRIVE TAMPA FL 33625		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3416728	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		
9. Name and Address of Current Registered Agent TOSELLI, NATALE III 14921 REDCLIFF DRIVE TAMPA FL 33625				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	TOSELLI, NATALE III				
STREET ADDRESS	14921 REDCLIFF DRIVE				
CITY-ST-ZIP	TAMPA FL 33625				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	SHULTZ, CHRISTOPHER				
STREET ADDRESS	4211 MILLER AVE.				
CITY-ST-ZIP	TAMPA FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	TOSELLI, NATALE III				
STREET ADDRESS	14921 REDCLIFF DR.				
CITY-ST-ZIP	TAMPA FL 33625				
TITLE	VPS	<input type="checkbox"/> DELETE			
NAME	TOSELLI, CINDY				
STREET ADDRESS	14921 REDCLIFF DR				
CITY-ST-ZIP	TAMPA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/99

Date

813-961-9630

Daytime Phone #

CR2E034 (11/98)

0401635