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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000088188**1. Corporation Name

GULF TO BAY SERVICES, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90062 004 ***158.75



Principal Place of Business	Mailing Address				
1448 DOUGLAS DRIVE	1448 DOUGLAS DRIVE				
CLEARWATER FL 33756	CLEARWATER FL 33756		DO NOT WRITE IN THIS	SDACE	
			2 Date incorporated or Qualified	OF ACE	
		BAY SERVICES ? CLW FL 33756	1 - 10/15/1998		
2. Principal Place of Business	22 Mall Land	day services	4 FEI Number	Δn	plied For
Z. Principal Place of Business	PA BAY 502	2 CI W FI 3375	8 59-2548971	_ 	t Applicable
Suite, Apt. #, etc.	26 FO DOX 50Z Suite, Apt. #, etc.	2 020 12 00/00	<u> </u>	 _	Additional
Suite, Apr. #, etc.	27		5. Certifcate of Status Desired	Fee Re	
City & State	City & State		6. Election Campaign Financing	\$5.00	
23	28 CLEARWAI	7R /-L.	Trust Fund Contribution	Added 1	
Zip Country	Zip	Country	8. This corporation owes the current year in		
25	29 33758	30 ANELLAS	Personal Property Tax.	Yes	M No
9. Name and Address of Curren		130 7 7 7 3 3 3 3 3	10. Name and Address of New Registered		
		81 Name	2 , 4 9		
Burke, robert C Jr.			OWARD P. SHEPLAX		
28059 U.S. HIGHWAY 19 NORTH		82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
SUITE 100		83	0 0000000		-
CLEARWATER FL 33761					
		84 City	EARWATER FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607.050	0 4 CO7 4 F00 Flid- Chat	tee the shown need see	protion pulmits this statement for the purpose of	changing ite	756
office or registered agent, or both, in the State	2 and 607.1508, คือกิดิล Statu of Florida. Such change was	ites, the above-named corp authorized by the corporation	on's board of directors. I hereby accept the appo	intment as re	gistered
agent. I am familiar with, and accept the obliga	tions of, Seption 607,0505, Ft	orida Statute	0.10	000	
SIGNATURE	Uplace Prese		esure april 2/1	<u> </u>	
Signature, typed or printed name of registered ager	nt appropriate if applicable. (NOT	E: Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	UD DIRECTO	PS IN 12
12. OFFICERS AN	SLETE		LESIOENT-SECRETARY TRESURER		Addition
	· ·		OWARD. A SHEPLAK		-
NAME	- ,	1 1	HAB DOUGLAS DR.		
STREET ADDRESS			LISAR WATER FL. 33756		
CITY-ST-ZIP	- Clestere		LEAR WATER PL. 33136	Change	Addition
TITLE	☐ DELETÉ	2.1 TITLE		☐ Change	T] Anginon
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	_	2. 4 CITY-ST-ZIP	<u> </u>		- F3.4 (PH
mic	E DELETE-	3.1-TITLE		⊟ Change-	Addition
NAME .		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4, CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE	•	☐ Change	Addition
NAME .		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			
		J.E INPUNE			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP	DELETE	5.3 STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY- ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change	Addition
CITY-ST-ZIP TITLE	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition

indicated on this annual report or supplied with an address, 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: