

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **S41054** (5)

95 MAY -1 AM 8:34

GULF BAY SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office - City/State	21	2a. Mailing Address - City/State	26
2. Principal Office - City/State	22	2a. Mailing Address - City/State	27
3. Principal Office - City/State	23	2a. Mailing Address - City/State	28
4. Principal Office - City/State	24	2a. Mailing Address - City/State	29
5. Principal Office - City/State	25	2a. Mailing Address - City/State	30

(PLEASE WRITE IN THIS SPACE)

3. Date of Incorporation (2 digits)	3a. Date of Last Filing
03/25/1991	04/22/1994
4. FEI Number	Applied For / Not Applicable
65-0253705	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/> Yes	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/> Yes	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOODWARD, MARK J., ESQ. WOODWARD, PIRES & ANDERSON, P.A. 801 LAUREL OAK DRIVE, SUITE 640 NAPLES FL 33963		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	City
		B4	City
		FL	B5 Zip Code

11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, this 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the responsibility for, the above information, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
NAME	D FERRAO, AUBREY J. 4001 N. TAMiami TRAIL, STE. 350 NAPLES FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove

14. I, the undersigned, certify that the information requested on this form is true and correct, complete and does not conflict with the information stated in any previous filing with the Florida State Department of State. I further certify that the information contained on this report is true and correct and that my signature shall have the same legal effect as if made under oath. This report is filed on behalf of the corporation or the sole proprietor and is prepared for filing in the report as required by Chapter 609, Florida Statutes, and that my report complies with the requirements of the report. I am familiar with and accept the responsibility for the above information.

SIGNATURE: *Aubrey J. Ferrao* **Aubrey J. Ferrao** 4/25/95 813-434-2030