

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

APPROVED AND FILED

MAY 10 1994

OFFICE OF STATE
TALLAHASSEE, FLORIDA



1995

DOCUMENT # **V28915** (9)

BAY GABLES, INC.

136 4 AVE NE
ST PETERSBURG FL 33701

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ST PETERSBURG FL 33701

2	2a	3	3a
21	26	04/13/1992	05/01/1994
22	27	4. FID Number 59-3115919	Applies For Not Applicable
23	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	30	8. The corporation has liability for unreported dividends <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
GILBERT, DONNA 136 4 AVE NE ST PETERSBURG FL 33701		81	State	
		82	Street Address, P.O. Box Number if Not Applicable	
		83		
		84	City	
		FL	85	City Code

11. I, the undersigned, being a duly qualified resident of the State of Florida, do hereby certify that the above named corporation complies with the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, as authorized by the corporation's board of directors, and that I accept the appointment as registered agent. I am a resident of the State of Florida and have been duly qualified under Florida Statutes.

SIGNATURE: *Donna Gilbert*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D GILBERT, DONNA 1400 POPLAR ST. NE ST. PETERSBURG FL	14.01	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.02	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.03	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.04	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.05	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.06	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.07	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.08	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.09	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.13	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.14	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.15	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.16	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.17	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.18	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.19	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.20	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, do hereby certify that the information supplied with this filing is complete, correct and true to the best of my knowledge and belief, and that I am a resident of the State of Florida and have been duly qualified under Florida Statutes.

SIGNATURE: *Donna Gilbert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 813-822-0044