

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

**APPROVED  
AND  
FILED**

1995

MAY 10 10:00

DOCUMENT # **V28915** (9)

**BAY GABLES, INC.**

OFFICE OF STATE  
TREASURER, FLORIDA

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 <b>59-3115919</b>	Applies For Not Applicable
23	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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		
<b>GILBERT, DONNA</b> <b>136 4 AVE NE</b> <b>ST PETERSBURG FL 33701</b>		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 provisions of the Florida Statutes, and that the above named corporation complies with the provisions of the Florida Statutes, and that the above named corporation complies with the provisions of the Florida Statutes, and that the above named corporation complies with the provisions of the 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 accurate, and that the above named corporation complies with the provisions of the Florida Statutes, and that the above named corporation complies with the provisions of the Florida Statutes, and that the above named corporation complies with the provisions of the Florida Statutes, and that the above named corporation complies with the provisions of the Florida Statutes.

SIGNATURE: *Donna Gilbert*

4/27/95 813-822-0044