

**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 <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 type="checkbox"/> 1993 Florida Statutes <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. The agent for the corporation of the name and address listed above, Florida Statutes, the above named corporation solemnly states for the purpose of changing its registered office or registered agent, or both, in the State of Florida, said change was authorized by the corporation's board of directors, thereby, accept the appointment of a registered agent. Form Corporation will be filed with the Secretary of State in accordance with 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	14.001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.004	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.006	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.007	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.010	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.011	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.014	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.017	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.018	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.020	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is complete, correct and does not apply for the exceptions stated in Florida Statutes. I further certify that the information supplied on this application is true and accurate and that the corporation has authorized the person or persons named in this application to file this application on its behalf. I have signed this report as required by Florida Statutes and that the corporation has authorized me to do so.

SIGNATURE: *Donna Gilbert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 813-822-0044