FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # G74402 (0)

1. DAVE GILBERT INCORPORATED

APPROVED AND FILED

95 MAY -1 AM 8:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

980 HIGHWAY 196
P. O. BOX 668
CANTONMENT FL 32533

980 HIGHWAY 196
P O BOX 668
CANTONMENT FL 32533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1983

3a. Date of Last Report: 04/20/1994

2. Principal Place of Business

21 980 HIGHWAY 196

22

23 MOLINO, FLORIDA

24 32577 25 ESCAMBIA

2a. Mailing Address

26 P.O. BOX 668

27

28 CANTONMENT, FLORIDA

29 32533 30 ESCAMBIA

4. FEI Number: 59-2364013 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. Is corporation indebted to the state for any fees or taxes? Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

BAKER, STEVEN J.
15 WEST LA RUA STREET
PENSACOLA FL 32501-0933

10. Name and Address of New Registered Agent

81 Name: JOHN D. GILBERT

82 Street Address (P.O. Box Number is Not Acceptable): 980 HIGHWAY 196

83

84 City: MOLINO FL 85 Zip Code: 32533

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the 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. I hereby accept the appointment as registered agent. I am familiar with and I accept the duties and responsibilities of registered agent.

SIGNATURE: JOHN D. GILBERT John D. Gilbert 4/26/95

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GILBERT JOHN D.
STREET ADDRESS	980 HIGHWAY 196
CITY, ST, ZIP	MOLINO FL
TITLE	D
NAME	GILBERT, JOHN D.
STREET ADDRESS	980 HIGHWAY 196
CITY, ST, ZIP	MOLINO FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is complete, accurate and not misleading. Further I hereby certify that the information indicated on the annual report or supplemental annual report is true and accurate 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 above, or on an attachment with an asterisk.

SIGNATURE: John D. Gilbert 4/26/95 (904) 587-2848

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0469940 FP