

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 25 AM 6: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010392 (6)**

1. Corporation Name

GIBBS BARK INVESTMENTS, INC.

Principal Place of Business

50 N LAURA STREET
SUITE 2200
JACKSONVILLE FL 32202

Mailing Address

50 N LAURA STREET
SUITE 2200
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

2. Principal Place of Business

21 50 N Laura Street

Suite, Apt. #, etc.

22 Suite 2925

City & State

23 Jacksonville FL

Zip

24 32202

Country

25 USA

2a. Mailing Address

26 50 N Laura Street

Suite, Apt. #, etc.

27 Suite 2925

City & State

28 Jacksonville FL

Zip

29 32202

Country

30 USA

4. FBI Number

59-3228132

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

B. Name and Address of Current Registered Agent

WALTERS, MICHAEL A
50 N LAURA STREET
SUITE 2200
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

B1 Name William B. McMenemy
B2 Street Address (P.O. Box Number is Not Acceptable) 50 N Laura Street
B3 Suite 2925
B4 City Jacksonville FL B5 Zip Code 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William B. McMenemy

William B. McMenemy

Signature typed or printed name of registered agent and file # applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	William A. Gibbs
STREET ADDRESS	5345 Ortega Blvd
CITY - ST - ZIP	Jacksonville FL 32210
TITLE	Vice President, Secretary
NAME	Katherine A. Bark
STREET ADDRESS	5345 Ortega Blvd
CITY - ST - ZIP	Jacksonville, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

William A. Gibbs, Pres. William A. Gibbs

11/19/95

904-387-6184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Area #