

FILE NOW: FILING FEE AFTER MAY 1 IS \$50.00

91

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 24 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **794000033148**
1. Corporation Name
Gilbert RV Insurance, Inc

Principal Place of Business: **2203 E Michigan St Orlando Fla. 32862**
Mailing Address: **P.O. Box 620452 Orlando Fla. 32862**

2. Principal Place of Business:
21 **2203 E Michigan St.**
Suite, Apt. #, etc.
22
City & State: **Orlando Florida**
Zip: **32806** Country: **Orange.**
2a. Mailing Address:
26 **P.O. Box 620452**
Suite, Apt. #, etc.
27
City & State: **Orlando Florida**
Zip: **32862** Country: **Orange.**

3. Date Incorporated or Qualified: **4-29-94** 3a. Date of Last Report: **1996**
4. FEI Number: **59-3238005** 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

9. Name and Address of Current Registered Agent
Alan W Gilbert
11126 Shady Oak St.
Orlando, Fla. 32862

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: *Alan W Gilbert* (Signature of Registered Agent required when transferring) DATE:

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

Sec Randy Hall
1149 Summer Chase Dr.
Jacksonville Florida 32259

800002224508--0
-06/27/97-01018-004
****165.00****

Alan W Gilbert
6/24/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 its 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 of this filing and is accompanied with an address.

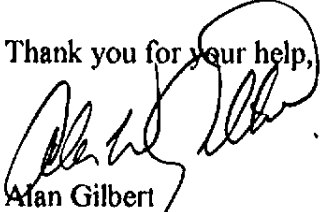
SIGNATURE: *Alan W Gilbert* **Alan W Gilbert, President** 5-22-97 (407) 898-0770

CR2E034 (9/96)

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Thank you for your help. As your office requested, I am enclosing this note to confirm that I did not receive a filing form from your office until I requested one from you last month. I am also enclosing the \$165.00 fee as per your instructions.

Thank you for your help,



Alan Gilbert
Gilbert RV Insurance, Inc.