### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90198 042 \*\*\*150.00

# 

### DOCUMENT # 392023 1. Corporation Name

GIBSON & ASSOCIATES, ARCHITECTS, INC.

Principal Pla	ice of Business
606 AZALEA	LANE

Mailing Address

606 AZALEA LANE

VERO BEACH FL 32963 VERO BEACH FL 32963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/30/1971 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1367688 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GIBSON, JAMES E 82 Street Address (P.O. Box Number is Not Acceptable) 715 GAYFEATHER LANE VERO BEACH FL 32963 83 84 City 85 Zip Code

11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	, the above-named o	corporation submits this stateme	ent 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								
		egistered Agent signature re	·	DATE				
12	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGE	S TO OFFICERS AN				
TITLE	PD DELETE	1.1 TITLE			Change	☐ Addition		
NAME	GIBSON, JAMES E	1.2 NAME				Į		
STREET ADDRESS	715 GAYFEATHER LANE	1.3 STREET ADDRESS						
CITY-ST-ZIP	VERO BEACH, FL 0	1.4 CITY-ST-ZIP						
TITLE	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
C/TY-ST-Z/P		2.4 CITY-ST-ZIP		·				
TITLE	DELETE	3.1 TITLE			Change	Addition		
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS				Ì		
CITY-ST-ZIP		3.4 CITY-ST-ZIP						
TITLE	DELETE	4.1 TITLE			Change	Addition		
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS				i		
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	DELETE	5.1 TITLE			Change	Addition		
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE			☐ Change	Addition (		
NAME		6.2 NAME				}		
STREET ADDRESS		6.3 STREET ADDRESS				)		
		A / AITH AT TIO						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

April 30, 1999 (561) 231.6008