

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

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 467610 (2)
 1. Corporation Name
GIBALTAR CONSTRUCTORS, INC.



Principal Place of Business
915 PINETREE TERRACE DELAND FL 32724 US

Mailing Address
915 PINETREE TERRACE DELAND FL 32724-2967 US

3. Date Incorporated or Qualified: **01/16/1975**
 3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-1624179**
 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

2. Principal Place of Business
 21. Sulte, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. Zip Country

2a. Mailing Address
 26. Sulte, Apt. #, etc.
 27. City & State
 28. Zip Country
 29. Zip Country

9. Name and Address of Current Registered Agent
FLY, JAMES L. JR.
915 PINETREE TERRACE
DELAND FL 32724

10. Name and Address of New Registered Agent
 81. Name: **Lynn Hawkins**
 82. Street Address (P.O. Box Number is Not Acceptable): **915 Pine Tree Terr.**
 83. City: **Deland, FL**
 84. City: **FL**
 85. Zip Code: **32724**

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: *Lynn M. Clary Hawkins* DATE: *1/15/97*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLY, JR. J	
STREET ADDRESS	915 PINE TREE TERRACE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLYER, PATRICIA	
STREET ADDRESS	POST OFFICE BOX 214441 N/A	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAWKINS, LYNN MCCARTHY	
STREET ADDRESS	915 PINETREE TERRACE	
CITY-ST-ZIP	DELAND FL 32724	
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

11.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>spelling with PD</i> <i>MCClary</i>	
3.3 STREET ADDRESS	<i>Hawkins, Lynn M. Clary</i>	
3.4 CITY-ST-ZIP	<i>915 Pine Tree Terrace</i> <i>DELAND, FL 32724</i>	
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 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.

SIGNATURE: *Lynn Hawkins* *Lynn Hawkins* DATE: *1/15/97* (89) 736-6811

CR2E034 (9/96)