

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

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



Principal Place of Business: **915 PINETREE TERRACE DELAND FL 32724 US**
Mailing Address: **915 PINETREE TERRACE DELAND FL 32724 US**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
01/16/1975

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number (59-1624179) Applied For (Not Applicable)
5. Certificate of Status Desired (No) \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution (No) \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. (No) Yes (No) No

9. Name and Address of Current Registered Agent
**HAWKINS, LYNN
915 PINE TREE TERR
DELAND FL 32724**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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: Lynn M. Hawkins, President DATE: Jan. 20, 1998

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLY, JR. J <i>deceased</i>	
STREET ADDRESS	915 PINE TREE TERRACE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" 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 MCCLARY	
STREET ADDRESS	915 PINETREE TERRACE	
CITY-ST-ZIP	DELAND FL	
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		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sweet, Jeffrey	
STREET ADDRESS	595 W. Granada Bl., Suite A	
CITY-ST-ZIP	Ormond Beach FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hammock, Amy	
2.3 STREET ADDRESS	915 Pine Tree Terrace	
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" 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 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.

Lynn M. Hawkins, President Jan 20 1998 904 921 1011

CR2E034 (10/97)