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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 48469

(4)

JIM GABRISON INC

our ar							
Principal Place of Business Mailing Address						OR ORBIJ BIDIE DEDER DIOLI	
751 S WASHINGTON AVE 751 S WASHINGTON AV			VIF .				
TITUSVILLE FL 32780 TITUSVILLE FL 32780			•				
						E IN THIS SPACE	· · · · · · · · · · · · · · · · · · ·
					3. Date Incorporated or Qualified		
A 5/2-/2-15	V	1 - 44 11/2 - 4 4 4			09/18/1975		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	⊢	Applied For
21					59-1623285		Not Applicable
22 Suite, Apt. #, etc.					5. Certificate of Status Desired		5 Additional Required
City & State City & State					C. Florian Compaign Financian		
23 28					Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
	Zip Country Zip		Country	/	8. This corporation owes or has pa		
24			30	Personal Property Tax due June 30. Yes No			
	9. Name and Address of Currer				10. Name and Address of New Re	egistered Agent	
GA.	RRISON, JAMES W		81	Name			
1338 S. CARPENTER RD				Stroot Addro	ess (P.O. Box Number is Not Acceptal	bla\	
TITUSVILLE FL 32780			82	Street Addre	ess (F.O. Box Number is Not Acceptal	DIE)	1
'''			83	1			
				0			
1			84	City		FL 85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abov	e-named corpo	oration submits this statement for the		g its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized by Jorida Statute	y the corporation	oration submits this statement for the pon's board of directors. I hereby acce	pt the appointment	as registered
Į.	marilla with, and accept the cong.	ations on occupit 601,0000, 1	jorida otatate	J.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO	TE Registered Ag	ent signature require	d when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	ORS IN 12
TITLE	PD DELETE		1.1 TITLE			Change	e 🔲 Addition
NAME	GARRISON, JAMES W		1,2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-5	ST-ZIP			
TITLE			2,1 TITLE			☐ Changi	je 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS	1338 S. CARPENTER RD.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	-ZIP TITUSVILLE FL		2. 4 CITY-	ST-ZIP		**	
TITLE		☐ DELETE	3.1 TITLE	•		Change	je 🔲 Addition
NAME			3,2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	e 🔲 Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CETY - ST - ZIP			4.4 CITY - S	T-ZIP			
TITLE		■ DELETE	5.1 TITLE			Change	e Addition
NAME			5.2 NAME				ĺ
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY - ST - ZIP			5.4 CITY - S	T- ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	e 🔲 Addition
NAME			6.2 NAME				!
STREET ADDRESS			6.3 STREET	ADDRESS			İ
CITY - ST - ZIP			6.4 CITY - S				
14 Iherehvic	ertify that the information suitfulied w	ith this filing does not qualify t	or the exemp	tion stated in S	Section 119.07(3\(i) Florida Statutes I	further certify that the	he information

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 circporation for 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 or language, or an an attachment with an address.

SIGNATURE:

WATURE REQUIRED W. Garrison

01-14-98

FILED

Jan 28 1998 8:00am

Secretary of State

407-267-7780

CR2E034 (10/97)