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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 g

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham +

FILED

Mar 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 562044

(8)

GIBSON PROPERTIES, INC.

Principal Place of Business 516 BAYVIEW STREET DESTIN FL 32541		Mailing Address 516 BAYVIEW STREET DESTIN FL 32541-1903			
				3. Date Incorporated or Qualifie 03/01/1978	od 3a. Date of Last Report 05/01/1996
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1814822	Not Applicable
Suite, Apt. #, etc		Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State		O Flories Consider Flories	Fee Required
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country		for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Registered Agent
516 DES	SON, JOHN W BAYVIEW ST TIN FL 32541		83 DES 84 City	DIREY E. GABSON drass (P.O) Box Number is Not Accep BAYNIEW ST. TIN, FEA. 320	FL 85 Zip Code
* SIGNATURE	Styrut re, syard or prints manue of registered as	e Hudre	ME GABSON	U) TROSIDONT jured when peinstaling)	ne purpose of changing its registered cept the appointment as registered DATE FICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAM:	Gibson, audrey e		1.2 NAME		
STREET ADDRESS	516 BAYVIEW ST		1.3 STREET ADDRESS		
College St. 20P	DESTIN FL 32541		1.4 CITY-ST-ZIP		
TITLE	A CIBEON IONN MADE	☐ DELETE	2.1 TITLE		Change
NAM:	Gibson, John Mark 150 Gulfshore Dr, Unit 1	Λá	2.2 NAME		
STREET ADDRESS (OF Y-ST-ZF	DESTIN FL 32541	V 4	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		n
THILF	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GIBSON, CHRISTIANNE	_ `	3.2 NAME		-
STREET ADDRESS	249 BROOKS ST		3 3 STREET ADDRESS		
011×+S1+2r9	FT WALTON BEACH FL 3254	8	34. CITY-SY-ZIP		
1 flf		DELETE	4 1 TITLE		Change Addition
NAME	GIBSON, CHRISTIANNE		4. 2 NAME		
STREET ADDRESS	249 BROOKS ST SE		4.3 STREET ADDRESS		
CHY-ST-Z0	FT WALTON BEACH FL	T I not see	4.4 CITY - ST - ZIP		TOL:
MIE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME CHANTAL COLOR			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
00Y-S*-7/P 1014		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		L. Vereit	6.2 NAME		and a series
elado.			D.E. INCHE		

64 City-St-ZiP

14. Lob hereby certify that the jutermation 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