

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

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **562044** (8)
1. Corporation Name
GIBSON PROPERTIES, INC.

Principal Place of Business
**516 BAYVIEW STREET
DESTIN FL 32541**

Mailing Address
**516 BAYVIEW STREET
DESTIN FL 32541**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 903 THE MASTERS BLVD. Suite, Apt. #, etc.		2a. Mailing Address 26 903 THE MASTERS BLVD. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/01/1978	
22 City & State 23 SHALIMAR, FLA.		27 City & State 28 SHALIMAR, FLA.		4. FEI Number 59-1814822 Applied For Not Applicable	
24 32579		29 32579		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GIBSON, AUDREY E. 516 BAYVIEW ST DESTIN FL 32541		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GIBSON, AUDREY E 516 BAYVIEW ST DESTIN FL 32541	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V GIBSON, JOHN MARK 150 GULFSHORE DR, UNIT 104 DESTIN FL 32541	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	829 KELL-AIR CT. DESTIN, FLA. 32541
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD GIBSON, CHRISTIANNE 249 BROOKS ST FT WALTON BEACH FL 32548	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T GIBSON, CHRISTIANNE 249 BROOKS ST SE FT WALTON BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **AUDREY E. GIBSON, PRES.** *[Signature]* 3/29/98 820/837-6341

CR2E034 (10/97)