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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 576408

(9)

GIBRALTER CONSTRUCTION COMPANY

FILED Apr 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 108301 01711 10010 01317 01011 00101 1011 01014 1	HIBIT STRAF OLDIS OH	DII 07011 1001
102 CHIPOL		102 CHIPOLA RD. COCOA BCH. FL 32891				DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualified		
						06/21/1978		
	Place of Business	2a. Mailing Address				4. FEI Number		oplied For
21		26				59-1823416		ot Applicable
Suite, Apt		Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & Sta	ite	City & State				6. Election Campaign Financing		May Be
Zip Country		Zip Country				Trust Fund Contribution L Added to Fees		
	-		├-ŋ ` ├ - -ŋ		y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	[25] g. Name and Address of Cur	29 rent Registered Agen		<u> </u>		10. Name and Address of New Registere		
			<u> </u>	81	Name	10.		
	OODS, ROBERT L.			82				
	02 CHIPOLA ROAD OCOA BCH. FL 32931				Street Add	ress (P.O. Box Number is Not Acceptable)		
	OCOA BCH. PL 32831			83				
				<u> </u>				
				84	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607, 1508, Flo	rida Statutes.	the abov	e-named con	poration submits this statement for the purpose	of changing i	ts registered
office or	registered agent, or both, in the St am familiar with, and accept the of:	ate of Florida. Such ch	ange was auti	horized b	y the corpora	lion's board of directors. I hereby accept the a	ppointment as	registered
1		Alganoris er, abenen ee	17.0303, 110110	Ja Olaidio	· .			
SIGNATURE	Signature, typed or printed name of registered	agont and the if applicable	(NOTE R	lugistered Ag	ent signature requi	red when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PST	DELETE		1.1 TITLE			☐ Change	Addition
NAME	WOODS, ROBERT L.			1.2 NAME				
STREET ADDRESS	100000000000000000000000000000000000000			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	COCOA BCH. FL			1.4 CITY-1	ST-ZIP			
TITLE	VD		DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	WOODS, ROBERT L.			2.2 NAME				
STREET ADDRESS	100 0120 0200			23 STREE	T ADDRESS			
CITY-ST-ZIP	COCOA BCH. FL			2.4 CiTY+ST-ZIP				177 2 Too
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				32 NAME				
STREET ADDRESS					T ADDRESS			
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STREET ADDRESS				1	T ADORESS			
CITY-ST-ZIP TITLE	+		DELETE	5.4 CITY- 6.1 TITLE	51- ZIP		☐ Change	Addition
		()	OCCLIL	1	1			
NAME	1				1			
	.			6.2 NAME	I			
STREET ADDRESS CITY-ST-ZIP				1	T ADDRESS			