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Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90021 038 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 576408

1. Corporation Name

GIBRALTER CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

102 CHIPOLA RD.  
COCOA BCH. FL 32931

102 CHIPOLA RD.  
COCOA BCH. FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1978

4. FEI Number

59-1823416

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

2a. Mailing Address

21 104 Riverside Drive

26 104 Riverside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #903

27 Suite #903

City & State

City & State

23 COCOA FL

28 COCOA FL

Zip

Country

Zip

Country

24 32922 25 USA

29 32922 30 USA

9. Name and Address of Current Registered Agent

WOODS, ROBERT L.  
102 CHIPOLA ROAD  
COCOA BCH. FL 32931

10. Name and Address of New Registered Agent

81 Name CARNCROSS, GORDON  
82 Street Address (P.O. Box Number is Not Acceptable)  
104 RIVERSIDE DRIVE #603  
83 COCOA FL  
84 City  
85 Zip Code FL 32922

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-99

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME CARNCROSS, GORDON  
STREET ADDRESS 102 CHIPOLA RD.  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE VD  
NAME WOODS, ROBERT L.  
STREET ADDRESS 102 CHIPOLA RD.  
CITY-ST-ZIP COCOA BCH. FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST  
1.2 NAME CARNCROSS, GORDON  
1.3 STREET ADDRESS 104 RIVERSIDE DRIVE #603  
1.4 CITY-ST-ZIP COCOA FL 32922

2.1 TITLE VD  
2.2 NAME CARNCROSS, GORDON  
2.3 STREET ADDRESS 104 RIVERSIDE DRIVE #603  
2.4 CITY-ST-ZIP COCOA FL 32922

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-99

783-4357

CR2E034 (11/98)