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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 581194

(8)

WILLIAM E. GIBSON & ASSOCIATES, INC.

## **FILED** Apr 24 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address						
431 E GOVERNMENT ST 4340 BEAUTERRA L								
PENSACOLA F	FL \$2501	PENSACOLA FL 32514						
US	US					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						08/03/1978		
2. Principal Pla	ace of Business	2a. Mailing Address —				4. FEI Number	Ar	plied For
21 26	Z E. Intendencia St	26 ZZZ E. IN	tende	M	CIAST	59-1838028	No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & State	)	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	· · · · · · · · · · · · · · · · · · ·
Zip	Country Zip Cou			ry		8. This corporation owes or has paid the o	urrent vear Int	angible
24	25 29 30			Personal Property Tax due June 30. Yes No				
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
GIBSON, WILLIAM E. B1 Name					Name			
	O BEAUTERRA LN							
	ISACOLA FL 32514		82 Street Addre		Street Addres	ss (P.O. Box Number is Not Acceptable)		
1 611	IONOCEN I E OEDIT		8	3				
			١	~				
			8	4	City		85 Zip	Code
				$\perp$		F		
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 sections of the purpose of changing its registered and the purpose of the purpose o								
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, typoid or printed name of registered agent and the it applicable (NOTE Registered Agent signature required								
12.	OFFICERS AND DIRECTORS 13.		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PO	DELETE 1.1		1.1 TOLE			Change	Addition
NAME	<b>G</b> IBSON, WILLIAM E.		1.2 NAM	E				
STREET ADDRESS	4340 BEAUTERRA LN		1.3 STRE	ET AD	DDRESS			- 1
CITY-ST-ZIP	<b>PE</b> NSACOLA FL		1.4 CITY	.4 CITY-ST-ZIP				
TITLE		DELETE 211					Change	Addition
NAME			2 2 NAM	E				-
STREET ADDRESS			2.3 STREET		nneess			j
				. 4 City-St-ZiP				- 1
CITY-ST-ZIP TITLE		DELETE	31 TITLE		- 21F	NAM	Change	Addition
NAME		tand Determ	3.2 NAME				vininge	
· · · ·			<b>I</b>		approc			į
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	3.4. CITY		ZIP	<del> </del>	Chana	April 10 cm
TITLE		☐ DELETE	4.1 7111.8				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STRE	ET AD	DDRESS			
CITY-ST-ZIP			4.4 City	- ST - 2	ZIP			
TITLE	☐ DELETE		5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET AD	ODRESS			
CITY-ST-ZIP	2		5.4 CITY	- ST - 2	ZIP			
TITLE		DELETE					Change	Addition
NAME	•	i i	6.2 NAM	E			-	
STREET ADDRESS			6.3 STRE		ODRESS			
								ļ
City-St-ZiP	ertify that the information sumplied with	this filling does not qualify to	6.4 City			ection 119.07(3)(i), Florida Statutes. I further	certify that the	information
indicated of	on this annual report or supplemental a	annual report is true a <b>nd</b> acci	urate and 1	lhat	my signature	shall have the same legal effect as if made	under oath: tha	atlam an 📗
officer or director of the corporation of 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.								
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