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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 581194

1. Corporation Name

Principal Place of Business

WILLIAM E. GIBSON & ASSOCIATES, INC.

222 E. INTENDE PENSACOLA FL US		222 E. INTENDENCIA ST PENSACOLA FL 22514 US		DO NOT WRITE IN THI	IS SPACE	
US		03		3. Date Incorporated or Qualifed 08/03/1978		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Apı	plied For
21		26		59-1838028	No:	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
22	•	27		5. Certificate of Status Desired	Fee Re	quired
City & Stat	8	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible	
24	25	29 7 2 50 / 30]	Personal Property Tax.	X Yes	□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent	
			81 Name			
	ON, WILLIAM E.		82 Street Ad	dress (P.Q. Box Mulmber is/Not Acceptable)	_	
A340-BEAUTERBA-EN			62 Street Au	DIVITAL DO NOT THE PARTY OF THE	\mathcal{F}	
REN	3ACOLA FL 32514		83	7 0 P (10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
				\sim		
			84 City	ON CACOLA KONE	85 Zip C	ode /
44 5	to the continue of Continue 607.05	02 and 607 1508 Elorida Statutos	the above named co	rporation submits this statement for the purpose of	of changing its	registered
office or o	egistered agent, or both, in the State	e of Florida. Such change was author	orized by the corpora	tion's board of directors. I hereby accept the app	ointment as rec	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes.			
SIGNATURE				ired when reinstating) DATE		
	Signature, typed or printed name of registered ag		estered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	PD OFFICERS A	ND DIRECTORS	1.1 TITLE	NODITION OF PROCESS TO OFFICE ACT	[7] enange	Addition :
TITLE	, -	- Deterio		010		
NAME	GIBSON, WILLIAM E.		1.2 NAME	F(1) Halver	<i>T</i> -	
STREET ADDRESS	4340 BEAUTERRA LN		1.3 STREET ADDRESS	5 W, Halver	20.16.	1/201/
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Pluka Cola 1	X.accy	7 Zaddinon
TITLE		☐ DELETE	2.1 TITLE		□ Cliange	Addidon
NAME			2.2 NAME			į
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			.,.
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
•			5.4 CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change	☐ Addition
TITLE		المالية المالية	6.2 NAME			
NAME			6.3 STREET ADDRESS			
STREET ADDRESS			0.0 O INCE I ALAUREOO			1

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 employees 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90252 019 ***150.00