FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **619414** **(6)**

1. Corporation Name

GEBBIA RESIDENTIAL CONSTRUCTION, INC.

Principal Place of Business
~~1911 LOST PINE LN.~~
~~APOPKA FL 32712~~
2711 LAKE GRASSMERE CIR
ZELLWOOD, FL. 32798

Mailing Address
~~1911 LOST PINE LN.~~
~~APOPKA FL 32712~~
2711 LAKE GRASSMERE CIR
ZELLWOOD, FL. 32798

2. Principal Place of Business
21 2711 LAKE GRASSMERE CIR
Suite, Apt. #, etc.
22
City & State
23 ZELLWOOD, FL.
Zip
24 32798
Country
25 ORANGE

2a. Mailing Address
26 2711 LAKE GRASSMERE CIR
Suite, Apt. #, etc.
27
City & State
28 ZELLWOOD, FL.
Zip
29 32798
Country
30 ORANGE.

3. Date Incorporated or Qualified: 05/02/1979

3a. Date of Last Report: 04/19/1995

4. FEI Number: 59-1908930 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GEBBIA, GEORGE L
~~1911 LOST PINE LN.~~
~~APOPKA FL 32712~~
2711 LAKE GRASSMERE CIR
ZELLWOOD, FL. 32798

10. Name and Address of New Registered Agent

81 Name: SAME
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's signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	VS	☐ DELETE
NAME	GEBBIA, CHRISTINE M	
STREET ADDRESS	~~1911 LOST PINE LN.~~ 2711 LAKE GRASSMERE CIR	
CITY-ST-ZIP	~~APOPKA, FL 00000~~ ZELLWOOD, FL. 32798	
TITLE	PT	☐ DELETE
NAME	GEBBIA, GEORGE L	
STREET ADDRESS	~~1911 LOST PINE LN.~~ 2711 LAKE GRASSMERE CIR	
CITY-ST-ZIP	~~APOPKA, FL 00000~~ ZELLWOOD, FL. 32798	
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 CIR	☐ Change ☐ Addition
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: George L Gebbia Pres. GEORGE L. GEBBIA PRES. 4/1/96 407-889-4876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)