


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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 693834 (4)
 1. Corporation Name
GIBSON ELECTRIC, INC.



Principal Place of Business C/O GENE GIBSON 121 NORTH EAST 20TH STREET OCALA FL 34470 US	Mailing Address C/O GENE GIBSON 121 NORTH EAST 20TH STREET OCALA FL 34470-3539 US
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2. Principal Place of Business 21 121 North East 20TH STREET OCALA, FL 34470 Suite, Apt. #, etc.	2a. Mailing Address 26 121 NORTH EAST 20TH STREET OCALA, FL 34470 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/08/1981	3a. Date of Last Report 02/09/1996
22 City & State 23 OCALA, FLORIDA Zip 34470 Country MARION	27 City & State 28 OCALA, FLORIDA Zip 34470 Country MARION	4. FEI Number 59-2120578	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GIBSON, GENE 121 NORTH EAST 20TH STREET OCALA FL 32670	10. Name and Address of New Registered Agent 81 Name GIBSON, DENNIS 82 Street Address (P.O. Box Number is Not Acceptable) 121 NORTH EAST 20TH STREET 83 84 City OCALA FL 85 Zip Code 34470
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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 607.0506, Florida Statutes.

SIGNATURE **DENNIS GIBSON PRES** (Typed name of registered agent and title if applicable)
 (Typed name of corporation, or 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.)
 DATE **JAN 9 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, DENNIS	1.2 NAME	
STREET ADDRESS	121 NORTH EAST 20TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GIBSON, SHARON	2.2 NAME	
STREET ADDRESS	121 NORTHEAST 20TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, DENNIS	3.2 NAME	
STREET ADDRESS	121 NORTHEAST 20TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **DENNIS GIBSON** **JAN 9 1997 352-629-7763**
 (Typed name of signing officer or director) (Typed name of corporation, or 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.)

CR2E034 (9/96)