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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 697468

R.J. GIBSON, INC.

Principal Place of Business

11911 US 1 STE 206 N. PALM BEAC US		11911 US 1 STE 206 NORTH PALM BEACH FL US	33408			3. Date Incorporated or Qua		S SPACE	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		- Ar	plied For
21 💒	State of the authorized and	26				59-2168019		<del>`</del>	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				-			Additional
22	Salar Salar Control Control	27				5. Certificate of Status Desire	ed 🗌	Fee Re	
City & Sta		City & State				6 Fination Communica Figure			<u>'</u>
23		28				6. Election Campaign Finance Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zip	Cour	ntrv					IO FEES
24	25	29	30	,		This corporation owes the Personal Property Tax.	current year in	Tangible ☐ Yes	□No
	9. Name and Address of Current		1301			10. Name and Address of N	nu Posistorod		
		- regionorea rigoni		81	Name	IV. Name and Address Of N	ew Kegişteled	Agent	
GIB	SON, ROBERT J			-	1441110				
	AYVIEW CT			82	Street Addre	ss (P.O. Box Number is Not Acc	eptable)		
	UESTA FL 33469		1			Section 1 Charles			4 7 3 8 <u>- 2</u> 2-
ica	102017 15 00403		1	83			945 tali		
			, H	84	City		7 - <b>X</b> 1 32 15.	85 Zip (	ode
11966.12	to the provisions of Sections 607.0502 registered agent, or both, in the State of	1.40			•		FL	_   ' '	
SIGNATURE	Signature, typed or printed name of registered agent	ions of, Section 607,0505, Fig.	inga Statu	tes.	signature required		DATE		• ,
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	PDS	D DIRECTORS	13. 1.1 TITL	Æ	·	ADDITIONS/CHANGES TO	OFFICERS AF	ND DIRECTO	RS IN 12
						ADDITIONS/CHANGES TO	OFFICERS A		
TITLE '	PDS		1.1 TITL 1.2 NAM	ΜE	ADDRESS	ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	PDS GIBSON, ROBERT JOHN		1.1 TITL 1.2 NAM	VIE REET A		ADDITIONS/CHANGES TO	OFFICERS A		
TITLE NAME STREET ADDRESS	PDS GIBSON, ROBERT JOHN 5 BAYVIEW CT		1.1 TITL 1.2 NAM 1.3 STR	ME REET# Y-ST-		ADDITIONS/CHANGES TO	OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GIBSON, ROBERT JOHN 5 BAYVIEW CT TEQUESTA FL T	☐ DELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CITA 2.1 TITL	ME REET # Y-ST- LE		ADDITIONS/CHANGES TO	OFFICERS A	☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PDS GIBSON, ROBERT JOHN 5 BAYVIEW CT TEQUESTA FL T GIBSON, LOIS ANN	☐ DELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CITA 2.1 TITL 2.2 NAM	ME REET# Y-ST- LE ME	ZIP	ADDITIONS/CHANGES TO	OFFICERS A	☐ Change	☐ Addition
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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 ecceiver 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 of the exemption and the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90044 027 \*\*\*150.00