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FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761795 (4)

1. Corporation Name

GIBBS CLASS OF 49, INC.

Principal Place of Business

Mailing Address

410 KINGSTON ST S
ST. PETERSBURG FL 33711410 KINGSTON ST S
ST. PETERSBURG FL 33711-16383. Date Incorporated or Qualified
02/08/19823a. Date of Last Report
03/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, JOHN T., JR.
410 KINGSTON ST S
ST. PETERSBURG FL 33711

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BAKER, JOHN T JR
STREET ADDRESS 410 KINGSTON STREET S
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE VD
NAME LAVIND, INEZ AIRES
STREET ADDRESS 2447 COVINA WAY S
CITY-ST-ZIP ST PETERSBURG FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE FSD
NAME TAYLOR, SALENA J. LODKEY
STREET ADDRESS 2430 - 21 STREET S.
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE RSD
NAME HEATLY, JUANITA
STREET ADDRESS 4204 - 11 AVENUE S.
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME LEWIS, BARBARA E. W.
STREET ADDRESS 2234 - 16 AVENUE S.
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE T
NAME GRIMES, KATIE M
STREET ADDRESS 2447 - 17TH AVE. SO
CITY-ST-ZIP ST. PETERSBURG FL 33712☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. BAKER, JR.

3/23/97

(813) 327-1734

Daytime Phone # 0050794

CR2E037 (9/96)