

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90249 005 ****61.25

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DOCUMENT # 761795

1. Corporation Name

GIBBS CLASS OF 49, INC.

Principal Place of Business

2441-LAMPARILLA WAY S.
ST. PETERSBURG FL 33712

Mailing Address

P.O. BOX 15944
ST. PETERSBURG FL 33733



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/08/1982

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

DAVIS, DOROTHYE M
2441 LAMPARILLA WAY S.
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
DAVIS, DOROTHYE M
STREET ADDRESS **P.O. BOX 15944 N/A**
CITY-ST-ZIP **ST. PETERSBURG FL 33733**

TITLE ☐ DELETE

NAME **VP**
JONES, HENRY JR.
STREET ADDRESS **16125 ANCROFT CT.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ DELETE

NAME **FSD**
TAYLOR, SELENA J LOOKEY
STREET ADDRESS **2430-21ST ST. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ DELETE

NAME **RSD**
HEATLY, JUANITA
STREET ADDRESS **4204-11TH AVE. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE ☐ DELETE

NAME **D**
LEWIS, BARBARA E.W.
STREET ADDRESS **2234-16TH AVE. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ DELETE

NAME **T**
GRIMES, KATIE M
STREET ADDRESS **2447-17TH AVE. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

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 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, with all other like empowered.

SIGNATURE:

DOROTHYE DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 (727) 327-8884
Date Daytime Phone #

CR2E037 (11/98)