

DOCUMENT # 761795

1. Entity Name

GIBBS CLASS OF 49, INC.



**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90113 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2441-LAMPARILLA WAY S.  
ST. PETERSBURG FL 33712P.O. BOX 15944  
ST. PETERSBURG FL 33733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **SAME** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **SAME** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **SAME** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **SAME** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **SAME** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **SAME** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dorothea Davis*  
**DOROTHYE DAVIS**

8/8/00

Date

(727) 893-2606-W  
 (727) 327-8884-H

Daytime Phone #

CP2E037 (5/00)

19514

SUBJECT: GIBBS HIGH CLASS OF 49, INC  
REF. NUMBER: 761795

I HOPE THIS IS CORRECT THIS TIME.

I READ ALL OF THE INSTRUCTIONS ON THE  
REVERSE SIDE AND ASSUMED I WAS SUPPOSE  
TO LEAVE COLUMN # 11 BLANK. HOWEVER, I  
DID WRITE THE WORD SAME TO INDICATE THAT  
WERE NOT CHANGES.

THE FEE WAS PAID EARLIER THIS YEAR.

Dorothea Davis