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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F14179** **(8)**

1. Corporation Name
RISH, GIBSON & JONES, P.A.

Principal Place of Business	Mailing Address
303 FOURTH ST PORT ST JOE FL 32456	PO BOX 39 PORT ST JOE FL 32457-0039 US

3. Date Incorporated or Qualified: 01/01/1981
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business
21 206 E. 4TH STREET
22 Suite, Apt. #, etc.
23 City & State: PORT ST. JOE, FL
24 Zip: 32456
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2049101 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RISH, WILLIAM J
303 FOURTH ST
P O BOX 39
PORT ST JOE FL 32456

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 206 E. 4TH STREET
83
84 City: PORT ST. JOE **FL** 85 Zip Code: 32456

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RISH, WILLIAM J		1.2 NAME	
STREET ADDRESS	303 FOURTH ST		1.3 STREET ADDRESS	206 E. 4TH STREET
CITY-ST-ZIP	PORT ST JOE, FL 00000		1.4 CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GIBSON,THOMAS S.		2.2 NAME	
STREET ADDRESS	1303 CONSTITUTION DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST.JOE FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, ALICIA C		3.2 NAME	
STREET ADDRESS	407 NAUTILUS DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: William J Rish Jan 10, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0055243