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FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F14179

1. Corporation Name

~~RISH & GIBSON & JONES, P.A.~~

RISH & GIBSON, P.A.

(8) NC
1/22/98

Principal Place of Business

206E 4TH ST
PORT ST JOE FL 32456
US

Mailing Address

PO BOX 39
PORT ST JOE FL 32456
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1981

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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

24

29 30

9. Name and Address of Current Registered Agent

RISH, WILLIAM J
206 E 4TH STREET
PORT ST JOE FL 32456

10. Name and Address of New Registered Agent

81 Name

THOMAS S. GIBSON

82

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

206 E. 4TH STREET

83

84

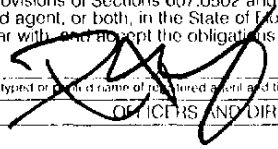
City
PORT ST. JOE

FL

85 Zip Code
32456

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE


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

THOMAS S. GIBSON (P/D)

3/18/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
RISH, WILLIAM J
STREET ADDRESS
206 E 4TH STREET
CITY-ST-ZIP
PORT ST JOE, FL 00000

TITLE ☐ DELETE

NAME
GIBSON, THOMAS S.
STREET ADDRESS
1303 CONSTITUTION DR
CITY-ST-ZIP
PORT ST JOE FL

TITLE ☒ DELETE

NAME
JONES, ALICIA C
STREET ADDRESS
407 NAUTILUS DR
CITY-ST-ZIP
PORT ST JOE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

P/D
GIBSON, THOMAS S.
1303 CONSTITUTION DR.
PORT ST. JOE, FL 32456

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-03/25/98--01020--006
***150.00

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

SIGNATURE:

THOMAS S. GIBSON (P/D)

3/18/98

CR2E034 (10/97)