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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 MAR 16 AM 11:13

DOCUMENT # **F93000002322 (6)**

1. Corporation Name
GILBERT, CHRISTOPHER & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2963 GULF-TO-BAY BLVD. SUITE 260 CLEAR WATER FL 34619 US	2963 GULF-TO-BAY BLVD. SUITE 260 CLEAR WATER FL 34619 US

3. Date Incorporated or Qualified: 05/11/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 43-1545612 ☐ 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

MUNHOLLAND, BILL
18167 U.S. 19 NORTH
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2963 Gulf-to-Bay Blvd.
83 Suite 260
84 City: Clearwater FL 85 Zip Code: 34619

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 _____ DATE
Signature, typed or printed 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		
TITLE	DCT	1.1 TITLE	PARTNER	☒ Change ☐ Addition
NAME	GILBERT, JOHN R	1.2 NAME	Dillon, Jeffrey E.	
STREET ADDRESS	4717 CENTRAL ST	1.3 STREET ADDRESS	4717 Central	
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP	KANSAS City, MO 64112	
TITLE	DVPS	2.1 TITLE	MANAGING PARTNER	☒ Change ☐ Addition
NAME	CARTER, CHRISTOPHER	2.2 NAME	Carter, Christopher	
STREET ADDRESS	4717 CENTRAL ST	2.3 STREET ADDRESS	4717 Central	
CITY-ST-ZIP	KANSAS CITY MO 64112	2.4 CITY-ST-ZIP	KANSAS City, MO 64112	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is currently furnished and 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: _____ Jeffrey E. Dillon 3-10-95 813-546-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0580401 CP