## FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

**PROFIT CORPORATION ANNUAL REPORT 1998**

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

**DOCUMENT #  F96000005858 (3)**

1. Corporation Name
**GIBRALTAR DESIGN, INC., ARCHITECTS & ENGINEERS**

| Principal Place of Business | Mailing Address |
|---|---|
| 9102 N MERIDIAN ST #300<br>INDIANAPOLIS IN 46260 | 9102 N MERIDIAN ST #300<br>INDIANAPOLIS IN 46260 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 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] |

| | |
|---|---|
| 3. Date Incorporated or Qualified **11/08/1996** | |
| 4. FEI Number **35-1988387** | 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 | |

**9. Name and Address of Current Registered Agent**

HERRIG, NATALEE A ESQ
DUNLAP, MORAN, ROKNICH & GIBSON, P.A.
1819 MAIN ST #700
SARASOTA FL 34236

**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 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.     (NOTE: Registered Agent signature required when reinstating)     DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **DCT** ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME **CANNON, GEORGE X** | 1.2 NAME | |
| STREET ADDRESS **9102 N MERIDIAN ST #300** | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP **INDIANAPOLIS IN 46260** | 1.4 CITY-ST-ZIP | |
| TITLE **DCS** ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME **BROWN, SCOTT R** | 2.2 NAME | |
| STREET ADDRESS **9102 N MERIDIAN ST #300** | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP **INDIANAPOLIS IN 46260** | 2.4 CITY-ST-ZIP | |
| TITLE **P** ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME **BLANTON, DAVE L** | 3.2 NAME | |
| STREET ADDRESS **9102 N MERIDIAN ST #300** | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP **INDIANAPOLIS IN 46260** | 3.4 CITY-ST-ZIP | |
| TITLE **V** ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME **COURTEAU, DONALD G** | 4.2 NAME | |
| STREET ADDRESS **9102 N MERIDIAN ST #300** | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP **INDIANAPOLIS IN 46260** | 4.4 CITY-ST-ZIP | |
| TITLE **D** ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME **BRAMMER, JAY A** | 5.2 NAME | |
| STREET ADDRESS **9000 KEYSTONE CROSSING #1000** | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP **INDIANAPOLIS IN 46240** | 5.4 CITY-ST-ZIP | |
| TITLE **D** ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME **BRAMMER, TIMOTHY F** | 6.2 NAME | |
| STREET ADDRESS **9000 KEYSTONE CROSSING #1000** | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP **INDIANAPOLIS IN 46240** | 6.4 CITY-ST-ZIP | |

CR2E034 (10/97)

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: *George X P___*     Treasurer     4/30/98     317-580-5777