

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90206 020 ***150.00

DOCUMENT # F97000004833

1. Corporation Name
GIBSON PUMPING SYSTEMS, INC.

Principal Place of Business

1663 WEST GULF TO LAKE HWY
LEGANTO FL 34461

Mailing Address

1663 WEST GULF TO LAKE HWY
LEGANTO FL 34461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1997

4. FEI Number

02-0471071

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 the current year intangible

Personal Property Tax.

Yes No

2. Principal Place of Business

21 768 BEACON ST

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 361101

Suite, Apt. #, etc.

City & State

23 PALM BAY, FL

Zip

24 32905

Country

City & State

28 MELBOURNE, FL

Zip

29 32936-1101

Country

30 USA

9. Name and Address of Current Registered Agent

GIBSON, ROGER L

1663 WEST GULF TO LAKE HWY
LEGANTO FL 34461

ADDRESS CHANGE
ONLY

10. Name and Address of New Registered Agent

81 Name

GIBSON, ROGER L.

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

768 BEACON ST. NW

83

84 City

PALM BAY

FL

85 Zip Code

32905

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

TITLE PC ☐ DELETE

NAME GIBSON, ROGER L

STREET ADDRESS 1663 WEST GULF TO LAKE HWY
CITY-ST-ZIP LEGANTO FL 34461

ADDRESS
CHANGE

TITLE TVC ☐ DELETE

NAME GIBSON, LOIS A

STREET ADDRESS 1663 WEST GULF TO LAKE HWY
CITY-ST-ZIP LEGANTO FL 34461

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

768 BEACON ST. NW
PALM-BAY, FL 32905

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

768 BEACON ST. NW
PALM-BAY, FL 32905

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

ROGER L. GIBSON

3-26-99

(407)255-3700

Date

Daytime Phone #

CR2E034 (11/98)

0119776