

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K38076

(1)

1. Corporation Name

GILBERT REAL ESTATE CO.



Principal Place of Business

Mailing Address

~~6993-18 POWERS AVE~~
~~JACKSONVILLE FL 32217~~
~~US~~

C/O MICHAEL N. SCHNEIDER
4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
10/11/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 6593-9 Powers Avenue

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jacksonville, FL

28

Zip

Country

Zip

Country

24 32217

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N.
100 NATIONAL FINANCIAL BLDG.
4215 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216

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 most applicable title

NOTE: Registered Agent signature required when non-shifting

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT
GILBERT, HARTLEY M.
STREET ADDRESS 2256 SMULLIAN TRAIL SO.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME S
GILBERT, HARTLEY M.
STREET ADDRESS 2256 SMULLIAN TRAIL SO.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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NAME
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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

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Hartley M. Gilbert

Hartley M. Gilbert

3/4/96

904-448-5149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)