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FILED
Mar 09 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 # K38076

(1)

1. Corporation Name

GILBERT REAL ESTATE CO.

Principal Place of Business

6593-9 POWERS AVE
JACKSONVILLE FL 32217

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1988	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
g. Name and Address of Current Registered Agent				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. City	
				84. State	
				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	NAME	11. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	12. STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	13. CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	21. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	22. STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	23. CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	31. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	32. STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	33. CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	41. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	42. STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	43. CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	51. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	52. STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	53. CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	61. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	62. STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	63. CITY-ST-ZIP	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.

SIGNATURE:

Hartley M. Gilbert Hartley M. Gilbert 2-13-98 404-448-5149

CR2E034 (10/97)