

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 31 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L07502 (2)

1. Corporation Name  
GILMORE-WIMBERLY & ASSOCIATES, INC.



Principal Place of Business

1033 OAK STREET  
JACKSONVILLE FL 32204-0968

Mailing Address

1033 OAK STREET  
JACKSONVILLE FL 32204-0968

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1989

4. FEI Number

59-2973628

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

2. Principal Place of Business

21 4002 EMERSON ST.  
Suite, Apt. #, etc.

2a. Mailing Address

26 4002 EMERSON ST.  
Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FL.

City & State

28 JACKSONVILLE, FL.

Zip

24 32207

Country

25 DUVAL

Zip

29 32207

Country

30 DUVAL

9. Name and Address of Current Registered Agent

GILMORE, ARTIS  
1033 OAK STR  
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name

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

4002 EMERSON

83

84 City

JACKSONVILLE

FL

85 Zip Code

32207

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	D	<input type="checkbox"/> DELETE
NAME	GILMORE, ARTIS	
STREET ADDRESS	1033 OAK STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, REX	
STREET ADDRESS	1033 OAK STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIMBERLY, SAM B. JR.	
STREET ADDRESS	1033 OAK STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, OTIS	
STREET ADDRESS	1033 OAK STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUDOLY, HERB	
STREET ADDRESS	1033 OAK STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4002 EMERSON
1.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32207
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4002 EMERSON
2.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32207
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4002 EMERSON
3.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32207
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4002 EMERSON
4.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32207
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4002 EMERSON
5.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32207
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002630084
6.3 STREET ADDRESS	-09/01/98--01038--050
6.4 CITY-STATE-ZIP	***150.00

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

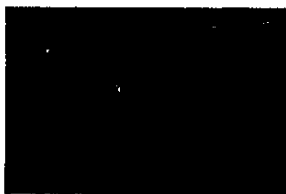
*[Signature]*

9/1/98

9/1/98

CR2E034 (5/98)

August 05, 1998



GILMORE  
WIMBERLY  
& ASSOCIATES

*pg 2*

Division of Corporations  
Annual Reports Filings  
Post Office Box 1500  
Tallahassee, Florida 32302 1500

RE: Profit Corporation Annual Report 1998

Gentlemen:

We moved to 4002 Emerson Street, Jacksonville, Florida 32207 last year. The office building at 1033 Oak Street was physically moved.

We never received notice for Annual Report.

May we be forgiven for the late fee?

Enclosed is check for \$150.

Thank you in advance for your consideration.

Yours very truly,

Sam B. Wimberly, Jr.,

SBW:sg  
Encls.