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**

DOCUMENT # L94755 1. Corporation Name

GIBBS & DOOLEY, INC.

FILED Sep 23, 1999 8:00 am Secretary of State

09-23-1999 90009 033 ***558.75

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Principal Place	e of Business	Mailing Address					/ E1611 aran aran	0.01. 0.0., .00.	
425 HWY 98 W 425 HWY 98 W APALACHICOLA FL 32320 APALACHICOLA FL 32320 US						DO NOT WRITE IN TH	IIS SPACE		
		••				3. Date Incorporated or Qualifed 08/21/1990			
Principal Place of Business 2a. Mailing Address					_	4. FEI Number	A	pplied For	
21 26						59-3024236	Not Applicable		
Suite, Apt. #, etc. 22						5. Certificate of Status Desired		Additional Required	
						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country Zip			Cour	itry		8. This corporation owes the current year	ion owes the current year Intangible		
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registers	d Agent		
				81	Name				
100-2	ler, J. Gordon 21st avenue			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
APAI	LACHICOLA FL 32320		ļ	83					
				84 (City	F	85 Zip	Code	
office or n agent. I a SIGNATURE	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the of Signature, typed or printed name of registeres	tate of Florida. Such change w bligations of, Section 607.0505	as authorized	by the	e corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	s registered egistered	
12.		S AND DIRECTORS	13.	- gant si	griator o radorio	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	OPT	☐ DELET		E	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change		
NAME	DOOLEY, MICHAEL WAYNE	•	1,2 NA/	ΜE			_	ſ	
STREET ADDRESS	425 HWY 98 WEST	-			OORESS				
CITY-ST-ZIP	APALACHICOLA FL			Y-ST-Z					
TITLE	VS	☐ DELET			ar		☐ Change	☐ Addition	
NAME	DOOLEY, LINDA J		2.2 NAJ					_	
STREET ADDRESS	30 MYRTLE AVE				OORESS				
CITY-ST-ZIP	APALACHICOLA FL		2.4 CIT		1		-		
TITLE	14101110001112	DELET					Change	☐ Addition	
NAME			3.2 NA					_	
STREET ADDRESS					DORESS				
CITY-ST-ZIP			3.4. CIT		1				
TITLE		☐ DELET					☐ Change	☐ Addition	
NAME			4, 2 NA				_	_	
STREET ADDRESS					DORESS			ļ	
			4.4 CIT						
CITY-ST-ZIP		☐ DELET					Change	☐ Addition	
NAME			52 NAM					_	
STREET ADDRESS					DDRESS				
			5.4 CIT						
CITY-ST-ZIP T/TLE		☐ DELET					Change	☐ Addition	
NAME		_ 56621	6.2 NAM		}		□ -··•		
STREET ADDRESS					DRESS				
1			6.4 CIT						
CITY-ST-ZIP			0.4 011	. 51-2	. ,				

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: