

**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 # **M80088** (1)  
1. Corporation Name  
**GILBERT INVESTMENT CORPORATION**



Principal Place of Business  
**3708 MUIRFIELD DR.  
TITUSVILLE FL 32780**

Mailing Address  
**3708 MUIRFIELD DR.  
TITUSVILLE FL 32780**

2. Principal Place of Business  
21 State, Apt., #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 State, Apt., #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified **05/10/1988**

3a. Date of Last Report **03/09/1995**

4. F.L.I. Number **59-2887930**  
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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**GILBERT, MATTHEW H.  
1714 MAHAN CENTER BLVD  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 607.0601, Florida Statutes.

SIGNATURE

Signature of the person acting as the registered agent

Signature of Agent or person who is acting as

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **DP GILBERT, M. HARVEY**

STREET ADDRESS **3708 MUIRFIELD DRIVE**

CITY-STATE-ZIP **TITUSVILLE FL**

TITLE  DELETE

NAME **DV GILBERT, MATTHEW H.**

STREET ADDRESS **P. O. BOX 668 N/A**

CITY-STATE-ZIP **TALLAHASSEE FL**

TITLE  DELETE

NAME **DST GILBERT, DOROTHY J.**

STREET ADDRESS **3708 MUIRFIELD DRIVE**

CITY-STATE-ZIP **TITUSVILLE FL**

TITLE  DELETE

NAME **D ADAMS, MARY-LOU GILBERT**

STREET ADDRESS **371 LA HACIENDA DR.**

CITY-STATE-ZIP **INDIAN ROCKS BCH. FL**

TITLE  DELETE

NAME **D GILBERT, MICHAEL H.**

STREET ADDRESS **886 SCHOMER AVE. SW**

CITY-STATE-ZIP **PALM BAY FL**

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE  Change  Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE  Change  Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE  Change  Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE  Change  Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

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 partner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 9048782444  
Date Declared Printed

CR2E034 (12/95)