

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M80088 (1)

1. Corporation Name
GILBERT INVESTMENT CORPORATION



Principal Place of Business 3706 MUIRFIELD DR. TITUSVILLE FL 32780	Mailing Address 3706 MUIRFIELD DR. TITUSVILLE FL 32780-3449
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/10/1988	3a. Date of Last Report 02/27/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 59-2887930	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, M. HARVEY	1.2 NAME	
STREET ADDRESS	3708 MUIRFIELD DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, MATTHEW H.	2.2 NAME	
STREET ADDRESS	P. O. BOX 688 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, DOROTHY J.	3.2 NAME	
STREET ADDRESS	3708 MUIRFIELD DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MARY-LOU GILBERT	4.2 NAME	
STREET ADDRESS	371 LA HACIENDA DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN ROCKS BCH. FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, MICHAEL H.	5.2 NAME	
STREET ADDRESS	888 SCHOMER AVE. SW	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: _____ **1-13-97** **904 878 2494**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)