

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

FILED

Feb 06, 1999 8:00am  
Secretary of State

0079084

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M80088

1. Corporation Name  
GILBERT INVESTMENT CORPORATION

02-06-1999 90030 047 \*\*\*\*150.00



Principal Place of Business  
3708 MUIRFIELD DR.  
TITUSVILLE FL 32780

Mailing Address  
3708 MUIRFIELD DR.  
TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/10/1988

4. FEI Number  
59-2887930

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 the current year Intangible Personal Property Tax.  Yes  No

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

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

30

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 *M. Gilbert* DATE JAN 11 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GILBERT, M. HARVEY	
STREET ADDRESS	3708 MUIRFIELD DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GILBERT, MATTHEW H.	
STREET ADDRESS	P. O. BOX 666 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GILBERT, DOROTHY J.	
STREET ADDRESS	3708 MUIRFIELD DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, MARY GILBERT	
STREET ADDRESS	2469 S WASHINGTON AVE C207	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILBERT, MICHAEL H.	
STREET ADDRESS	886 SCHOMER AVE. SW	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY J. GILBERT  
3708 MUIRFIELD DR.  
TITUSVILLE, FL 32780

Date FEB 11 1999 Daytime Phone #

CR2F034 (11/98)