

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 24 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Martinez Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001196 (5)**  
 1. Corporation Name  
**CONCERNED CITIZENS OF GIBSONTON AREA, INC.**

Principal Place of Business	Mailing Address
1104 HWY. U.S. 41 SOUTH SUITE 7 GIBSONTON FL 33534	P.O. BOX 1304 GIBSONTON FL 33534-1304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/10/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3173602</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**JOHNSON, JEANIE**  
 11074 HWY. U.S. 41 SOUTH  
 SUITE 7  
 GIBSONTON FL 33534

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, SCOTT	1.2 NAME	
STREET ADDRESS	8807 CONNECTICUT	1.3 STREET ADDRESS	
CITY - ST - ZIP	GIBSONTON FL 33534	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, A.E.	2.2 NAME	
STREET ADDRESS	11002 EKKER RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	GIBSONTON FL 33534	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JEANIE	3.2 NAME	
STREET ADDRESS	11002 EKKER RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	GIBSONTON FL 33534	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARMS, ALDYCE	4.2 NAME	Delete position - not required
STREET ADDRESS	8420 SYMMER RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	GIBSONTON FL	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	
NAME	MCKIFF, BETTY	5.2 NAME	
STREET ADDRESS	11888 HWY U.S. 41 SOUTH, #1128	5.3 STREET ADDRESS	
CITY - ST - ZIP	GIBSONTON FL 33534	5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Martinez Date: 4-13-95 (813)  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR