

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017315 (1)

1. Corporation Name

THE GIBSON GROUP, INC.

FILED

95 JUL -7 AM 9:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

811 S FIRST STREET
LAKE WALES FL 33853

Mailing Address

P.O. BOX 2234
HAINES CITY FL 33845
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/04/1993 3a. Date of Last Report 05/01/1994

4. FEI Number 59-3153633 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SAM LEVY AND ASSOCIATES, INC.
8324 GRESHAM BLVD
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name Robert Gregory Gibson
82 Street Address (P.O. Box Number is Not Acceptable) 811 South First Street
83 Lake Wales,
84 City FL 85 Zip Code 33853

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, and I, the undersigned, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Robert Gregory Gibson

(NOTE: Registered Agent's signature required on first filing)

DATE

30 June 95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIBSON, ROBERT G
STREET ADDRESS	811 S FIRST STREET
CITY - ST - ZIP	LAKE WALES FL 33853
TITLE	D
NAME	GIBSON, EILEEN G
STREET ADDRESS	811 S FIRST STREET
CITY - ST - ZIP	LAKE WALES FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	DELETED
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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, in an attachment with an address.

SIGNATURE:

Robert Gregory Gibson

DATE

June 25, 95 813-476
1056