


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90067 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000039437

1. Corporation Name
C & E GIBBONS, INC.

Principal Place of Business

447 5 AVE ST
 NAPLES FL 34102
 US

Mailing Address

447 5 AVE S
 NAPLES FL 34102
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1993

4. FEI Number

65-0663088

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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GIBBONS, CYRIL G
 824 6TH AVENUE SOUTH
 NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name **Cyril G Gibbons**
 82 Street Address (P.O. Box Number is Not Acceptable)
447-5 AVE S
 83
 84 City **NAPLES** FL 85 Zip Code **34102**

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

11. TITLE ☐ DELETE

NAME **P**
GIBBONS, GEORGE R
 STREET ADDRESS **447-5 AVE. SOUTH**
 CITY-STATE-ZIP **NAPLES FL 34102**

12. TITLE ☐ DELETE

NAME **A**
GIBBONS, ERIKA
 STREET ADDRESS **874 COCONUT CIRCLE E**
 CITY-STATE-ZIP **NAPLES FL**

13. TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

14. TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

15. TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

16. TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE
 12. NAME
 13. STREET ADDRESS
 14. CITY-STATE-ZIP

☐ Change ☐ Addition

21. TITLE
 22. NAME
 23. STREET ADDRESS
 24. CITY-STATE-ZIP

☐ Change ☐ Addition

31. TITLE
 32. NAME
 33. STREET ADDRESS
 34. CITY-STATE-ZIP

☐ Change ☐ Addition

41. TITLE
 42. NAME
 43. STREET ADDRESS
 44. CITY-STATE-ZIP

☐ Change ☐ Addition

51. TITLE
 52. NAME
 53. STREET ADDRESS
 54. CITY-STATE-ZIP

☐ Change ☐ Addition

61. TITLE
 62. NAME
 63. STREET ADDRESS
 64. CITY-STATE-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: Erika Gibbons Erika Gibbons A 05/10/99 941-262-4740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)