

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra D. Northing
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 8:59

DOCUMENT # P93000062769 (3)

1. Corporation Name:

GIBSON CONSTRUCTION INC. OF NORTHWEST FLORIDA

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **6515 MARTIN RD MILTON FL 32570**
 Mailing Address: **6515 MARTIN RD MILTON FL 32570**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/31/1993	05/01/1994
22 State Apt # etc		27 State Apt # etc		4. FEI Number	Applied For
23 City & State		28 City & State		59-3201086	Not Applicable
24 No		25 Locality		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
28		29		7. This corporation has liability for a dangerous condition in 1993-1994 Florida Statutes ☒ Yes ☐ No	
30		31		8. Name and Address of Current Registered Agent	
32		33		9. Name and Address of New Registered Agent	

**GIBSON, CHERIE A
 6515 MARTIN RD
 MILTON FL 32570**

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

11. I, undersigned, certify that 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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* and typed or printed name of registered agent with residence

Multi-Registered Agent (please indicate state(s) serving)

Date:

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D GIBSON, JAMES D 6515 MARTIN RD MILTON FL 32570	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	D GIBSON, CHERIE A 6515 MARTIN RD MILTON FL 32570	2. NAME	☐ Change ☐ Addition
CITY		3. NAME	☐ Change ☐ Addition
STATE		4. NAME	☐ Change ☐ Addition
ZIP		5. NAME	☐ Change ☐ Addition
1. NAME		6. NAME	☐ Change ☐ Addition
2. NAME		7. NAME	☐ Change ☐ Addition
3. NAME		8. NAME	☐ Change ☐ Addition
4. NAME		9. NAME	☐ Change ☐ Addition
5. NAME		10. NAME	☐ Change ☐ Addition
6. NAME		11. NAME	☐ Change ☐ Addition
7. NAME		12. NAME	☐ Change ☐ Addition
8. NAME		13. NAME	☐ Change ☐ Addition
9. NAME		14. NAME	☐ Change ☐ Addition
10. NAME		15. NAME	☐ Change ☐ Addition

14. I, undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(2)(a), Florida Statutes. I further certify that the information reflected on this annual report or supplemental annual report is true and accurate and that the corporation shall be in full compliance with the provisions of the law. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE:

[Signature]

JAMES D. GIBSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-95

904-623-8487

CR2E034 (3/95)