**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000062769

GIBSON CONSTRUCTION INC. OF NORTHWEST FLORIDA

Principal Place	e of Business	Mailing Address		1 (44)(44) (10 16:00 (ittl 90:10	<b>     </b>		
6515 MARTIN RI	D	6515 MARTIN RD					
MILTON FL 32570		MILTON FL 32570		DO NOT W	RITE IN THIS	SPACE	
				3. Date Incorporated or Qualife		-	
				08/31/1993			}
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		App	olied For
21		26		59-3201086-		- Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A	
22		27	<u></u>	v. Octobace of Camado District		Fee Red	<u> </u>
City & State	9	City & State		6. Election Campaign Financir	ng □	\$5.00	- 1
23		28		Trust Fund Contribution		Added to	Fees
Žip	Country	Zip	Country	8. This corporation owes the c	urrent year Inta		_No
24	9. Name and Address of Cu	29 3	<u> </u>	Personal Property Tax.  10. Name and Address of New	w Registered A		
	5. Name and Address of Cu	irrent Kegisteren Agent	81 Name	) / /	2	194	
GIBS	ON, CHERIE A			IBSON, JAMES	<u>D.</u> .		
	MARTIN RD		Street Add	ress (P.O. Box Number is Not Acce	ptable)		1
	ON FL 32570		83	(2) (-1/-1/2)			
	• • • •		<u> </u>			Tan Tin O	
			84 City	11LTON	FL	85 Zip C	
11. Pursuant t	to the provisions of Sections 607	.0502 and 607.1508, Florida Statutes	the above-named corr	poration submits this statement for t	he purpose of	changing its	registered
office or re	egistered agent, or both, in the Si	tate of Florida. Such change was auti	norized by the corporati	ion's board of directors. I hereby ac	cept the appoir	itment as reg	jisterea
			o damica.				II
	Br and	bligations of, Section 607.0505, Florid			4-	1-39	
SIGNATURE	Signature, typed or priviled name of registere	JAMES D. GIBSON	egistered Agent signature require		DATE		
SIGNATURE	Elgnglure, typed or priviled name of registere OFFICERS	JAMES D - GIBSON d agent and title if applicable. (NOTE: R S AND DIRECTORS	egistered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO	DATE	D DIRECTO	
SIGNATURE  12. TITLE	Summa Summa of registers  Clarifornia to the sum of registers  OFFICERS	JAINES D - GIBSO d agent and title if applicable. (NOTE: R	egistered Agent signature require  13.  1.1 TITLE		DATE		RS IN 12
SIGNATURE	Successive Syped or pry de name of registere OFFICERS  D GIBSON, JAMES D	JAMES D - GIBSON d agent and title if applicable. (NOTE: R S AND DIRECTORS	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME		DATE	D DIRECTO	
SIGNATURE  12. TITLE	Eignglure, typed or printed name of registere OFFICERS D GIBSON, JAMES D 6515 MARTIN RD	JAMES D - GIBSON d agent and title if applicable. (NOTE: R S AND DIRECTORS	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		DATE	D DIRECTO	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Clangiure, typed or privide name of registere OFFICERS D GIBSON, JAMES D 6515 MARTIN RD MILTON FL 32570	JAMES D. GIBSO. d agent and title if applicable. (NOTE: R S AND DIRECTORS	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		DATE	D DIRECTO	☐ Addition
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SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D GIBSON, JAMES D 6515 MARTIN RD MILTON FL 32570 D GIBSON, CHERIE A	JAMES D. GIBSO. d agent and title if applicable. (NOTE: R S AND DIRECTORS	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		DATE	D DIRECTO	☐ Addition
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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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90020 048 \*\*\*150.00