07161999-90012-014-$550.00-$550.00

CORPORATION ANNUAL REPORT
1999

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 16, 1999 8:00 am
Secretary of State

07-16-1999 90012 014 ***550.00

DOCUMENT # P94000033148

1. Corporation Name
GILBERT R V INSURANCE, INC.

Principal Place of Business
2203 E. MICHIGAN ST.
ORLANDO FL 32806
US

Mailing Address
P.O. BOX 620452
ORLANDO FL 32862
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/26/1994

2. Principal Place of Business
21 5780 S. Semoran Bl

2a. Mailing Address
26 5780 S. Semoran Bl

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 Orlando Florida

City & State
28 Orlando Florida

Zip
24 32822

Country
25 Orange

Zip
29 32822

Country
30 Orange

4. FEI Number
59-3238005
☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GILBERT, ALAN W
11126 SHADY OAK STREET
ORLANDO FL 32862
wrong zip code

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 32822

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] ALAN W Gilbert President July 8, 99
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	S ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HALL, RANDY	1.2 NAME	
STREET ADDRESS	1149 SUMMER CHASE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GILBERT, ALAN W.	2.2 NAME	
STREET ADDRESS	1126 SHADY OAK ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32832	2.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GILBERT, TERESA	3.2 NAME	
STREET ADDRESS	11126 SHADY OAK ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32832	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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.

SIGNATURE: [signature] ALAN W Gilbert 7/21/99 407 382 3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)