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**PROFIT** CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

Feb 20 1998 8:00am

Secretary of State

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000047441 (8)

GIBSON & SON ENTERPRISES, INC.

Principal Place of Business Mailing Address 6800 GEORGIA AVE 6600 GEORGIA AVE STE #2 STE #2 WEST PALM BCH FL 33405 DO NOT WRITE IN THIS SPACE WEST PALM BCH FL 33405 3. Date Incorporated or Qualified 06/24/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0519955 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GIBSON, JEFFREY H Name 309 COLUMBIA DR 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33460 83 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 20th ave No Change Addition TITLE DELETE 11 TITLE GIBSON, JEFFREY H NAME 1.2 NAME Lake Worth Fla 33460-610 309 COLUMBIA DR STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 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 TITL€ DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE