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FILED

Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012590 (2)

1. Corporation Name

GIBSON INTERIORS INC.

Principal Place of Business

1912 B LEE RD
A3
ORLANDO FL 32810
US

Mailing Address

P.O. BOX 1597
WINTER PARK FL 32790-1597
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1995

4. FEI Number

59-3295361

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GARCIA, KELLY
1912 B LEE RD STA 3
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

GIBSON-Jones Patricia

82 Street Address (P.O. Box Number is Not Acceptable)

1912 B Lee Road Suite A3

83

84 City

Orlando

FL

85 Zip Code

32810

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

Kelly Garcia

Kelly Garcia President

4/1/98

(Signature, typed or printed name of registered agent, and title, if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, KELLY
STREET ADDRESS 616 MAPLE FOREST DR.
CITY-ST-ZIP ORLANDO FL
☒ DELETE

TITLE V
NAME AVEY, JUDITH
STREET ADDRESS 2906 CARCROSS CRT
CITY-ST-ZIP ORLANDO FL
☒ DELETE

TITLE SD
NAME GIBSON-JONES, PATRICIA
STREET ADDRESS 1438 AZALEA AVE
CITY-ST-ZIP CASSELBERRY FL
☒ DELETE

TITLE TD
NAME GIBSON, ROBERT L
STREET ADDRESS 1438 AZALEA AVE
CITY-ST-ZIP CASSELBERRY FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Patricia GIBSON-JONES
1.3 STREET ADDRESS 1438 AZALEA AVE
1.4 CITY-ST-ZIP CASSELBERRY FL 32707
☒ Change ☐ Addition

2.1 TITLE VICE PRESIDENT
2.2 NAME Robert L. GIBSON
2.3 STREET ADDRESS 2050 Camilla Dr
2.4 CITY-ST-ZIP Longwood, FL
☒ Change ☐ Addition

3.1 TITLE Secretary
3.2 NAME Kelly G. GARCIA
3.3 STREET ADDRESS 616 Maple Forest Dr
3.4 CITY-ST-ZIP Orlando FL
☒ Change ☐ Addition

4.1 TITLE Suzanne G. Marino
4.2 NAME 2906 Carcross Court
4.3 STREET ADDRESS Olathe
4.4 CITY-ST-ZIP
☐ Change ☒ Addition

5.1 TITLE Treasurer
5.2 NAME Suzanne G. Marino
5.3 STREET ADDRESS 2906 Carcross Court
5.4 CITY-ST-ZIP Orlando, FL 32837
☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 as an attachment with an address.

SIGNATURE:

Kelly Garcia

Kelly Garcia

4/1/98

407/523-2151

CR2E034 (10/97)