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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000012590

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1912B Lee Road

Suite, Apt. #, etc.

27 Suite A3

City & State

28 Orlando FL

Zip Country

29 32810 30 US

4. FEI Number

59-3295361

Applied For

No. 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GIBSON-JONES, PATRICIA
1912 B LEE RD SUITE A 3
ORLANDO FL 32810

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

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME GIBSON-JONES, PATRICIA
STREET ADDRESS 1438 AZALEA AVE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE VP ☐ DELETE
NAME GIBSON, ROBERT L
STREET ADDRESS 2050 CAMILLA DR
CITY-ST-ZIP LONGWOOD FL

TITLE S ☐ DELETE
NAME GARCIA, KELLY B
STREET ADDRESS 616 MAPLE FOREST DR
CITY-ST-ZIP ORLANDO FL

TITLE T ☐ DELETE
NAME MARINO, SUZANNE G
STREET ADDRESS 2906 CARCROSS CT
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME MARINO, SUZANNE
1.3 STREET ADDRESS 2906 CARCROSS CRT
1.4 CITY-ST-ZIP ORLANDO, FL 32837

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME GIBSON-JONES - PATRICIA
4.3 STREET ADDRESS 1438 AZALEA AVENUE
4.4 CITY-ST-ZIP CASSELBERRY, FL 32837

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)