APPROVED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) P.ROFIT FLORIDA DEPARTMENT OF STATE 1996 AUG 23 PM 3= 35 CORRERATION Sandra B. Mortham ANNUAL REPORT Secretary of State SECRETARY OF STATE ALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS DOCUMENT # P95000024005 (7) GIBSON & GIBSON, INC. Principal Place of Business Mailing Address 21 FIRST COURT 21 FIRST COURT SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-330310 Not Applicable 21 26 \$8.75 Additional Suite. Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax unider s 199 033 Florida Statutes Yes No Country Zip Zφ 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GIBSON, DAVID L Street Address (P.O. Box Number is Not Acceptable) 21 FIRST COURT 82 SANTA ROSA BEACH FL 32459 83 Zip Code 85 City 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (I)OTE. Registered Agent signal ine required when recist #1 (i) SIGNATURE Signature, typed or pentiod name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ____ Addition 8 DELETE 1.1 DT.E DPST TITLE CR2E034 1.2 NAME GIBSON, DAVID L NAME 13 STREET ADDRESS 21 FIRST COURT STREET ADDRESS SANTA ROSA BEACH FL 32459 1.4 CHTY - \$7 - ZIP CITY-ST-ZIP ____ Change ____ Addition DELETE 21 TIFLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - S1 - ZIE CITY - ST - ZIP Change Addition DELETE 3.1 TIFLE TITLE 600001932586 3.2 NAME -08/27/96--01065--012 3.3 STREET ADDRESS STREET ADDRESS ****375.00 34 CiTY+ST-ZIP CITY-ST-ZIP DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - Z/P CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE

formation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 and cated of This innual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if in or converge color of the proprioration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and I do hereby certify that the further certify that the informade under oald, that I are on an attachment with an address. that my name

6.2 NAME

63 STREET ADDRESS

SCC 8-23-94

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP