## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000077571 (4)

R.D. GIBB CORPORATION, INC.

Principa' Place of Business Mailing Address										
			9845 HORIZON DRIVE SPRINGHILL FL 34608-6439							
							3. Date Incorporated or Qualified 10/09/1995		e of Last F 3/1996	Report
2. Principal F	Mace of Business	2a.	Mailing Address				4. FEI Number		A	pplied For
21			6				59-3337678			lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State			City & State				6. Election Campaign Financing	F1		May Be
23		28		1 6			Trust Fund Contribution			to Fees
Ζιρ	Country		Zip Coun			ı	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No			
24	25 8. Name and Address of Curr	29	lared Agent	30	_		Florida Statutes 2  10. Name and Address of New Re			
TU/		ent riogia	erou Agent		81	Name	10. Hallip dita radioss of from the	Biarology	<u> </u>	
THOMAS, GERALD A 9845 HORIZON DRIVE										
SPRINGHILL FL 34608			82 Street Add			Street Addre	ess (P.O. Box Number is <b>Not</b> Acceptat	ole)		
OF T	WHO FILL I C STOOD				83			******		
					84	City		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 60	07.1508, Florida State	ites, the	above	a-named corp	oration submits this statement for the p	ourpose of o	changing	its registered
I office or	registered agent, or both, in the Sta am familiar with, and accept the ob-	ate of Floric	ta. Such channe was	: authoriz	zad by	the cornorati	on's board of directors. I hereby acce	of the appo	intment as	s registered
	ат тапша м.п., вад досорг те ос	iigations or	, 3600011 007:0303, 1	iona o	tatute	<b>.</b>				
SIGNATURE	Signature, typed or pretent name of registered	agent and tak	Lappicable. (NC	OTE Registe	red Age	ent signature require	ed when reinstating)	DATE		
12.	OFFICERS A	ND DIREC	TORS	13	).		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
THE	D		☐ DELETE	1.1	TITLE				Change	Addition
NAME	GIBB, RONALD D			12	NAME					
STREET ADDRESS	507 ULELAH AVENUE			1.3	STREET	ADDRESS				
CITY-ST-ZiF	PALM HARBOR FL 34683		·	1.4	CITY-S	r-zip				
THILE	PO		DELETE		21 TITLE			[	Change	Addition
NAME	THOMAS, GERALD A			2.2	NAME					
STREET ADDRESS	9845 HORIZON DRIVE			2.3	STREET	ADDRESS				
CITY - ST - ZIP	SPRINGHILL FL 34608			2.	4 CITY - S	ST-ZIP				
TITLE	TS DELETE		3.1	TITLE			[	Change	Addition	
NAME	THOMAS, SHARON L			3.2	NAME					
STREET ADORESS	9845 HORIZON DRIVE			3.3	STREET	ADDRESS				
C/1Y - S7 - ZIP	SPRINGHILL FL 34608			3.4	CITY-S	ST-ZIP				
TITLE			☐ DELETE	4.1	TITLE	-		l	Change	Addition
NAME				4. :	2 NAME					
STREET ADDRESS				4.3	STREET	ADDRESS				
C(TY+ST+Z)P				4.4	CITY-S	T-ZIP				
THE			☐ DELETE	5.1	TITLE			[	Change	Addition
NAM€				5.2	NAME					
STREET ADDRESS				5.3	STREET	ADDRESS				
CITY - S1 - ZIP				5.4	CITY-S	1-2iP				
TITLE			☐ DELETE	6.1	TITLE				Change	☐ Addition
NAME				6.2	NAME	- 1				

6.3 STREET ADDRESS

14. I do hereby cert ly 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 air address.

SIGNATURE:

STREET ADDRESS

CONTURE AND TYPED ON PRIVATE MANY OF SYNING OFFICE OR DISPOSE

2.26.97

352-596-1414

**FILED** 

Mar 03 1997 8:00am

Secretary of State