

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

**FILED**

**Jan 16 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000096248 (6)**  
 1. Corporation Name  
**J.B. GILSON, INC.**



Principal Place of Business <b>1040 NORTH STONEY POINT CRYSTAL RIVER FL 34429</b>	Mailing Address <b>1040 NORTH STONEY POINT CRYSTAL RIVER FL 34429</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/02/1996</b>	
21	26	4. FFI Number <b>59-3351659</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	29		30	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GILSON, THEODORE R 1040 N STONEY PT CRYSTAL RIVER FL 34429</b>				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 607.1908, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	TITLE	NAME	DELETED
PD	GILSON, JEYTE B	<input type="checkbox"/>	1.1 TITLE		<input type="checkbox"/>
STREET ADDRESS	1040 NORTH STONEY POINT		1.2 NAME		<input type="checkbox"/>
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		1.3 STREET ADDRESS		<input type="checkbox"/>
			1.4 CITY-ST-ZIP		<input type="checkbox"/>
ST	GILSON, THEODORE R	<input type="checkbox"/>	2.1 TITLE		<input type="checkbox"/>
STREET ADDRESS	1040 NORTH STONEY POINT		2.2 NAME		<input type="checkbox"/>
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		2.3 STREET ADDRESS		<input type="checkbox"/>
			2.4 CITY-ST-ZIP		<input type="checkbox"/>
			3.1 TITLE		<input type="checkbox"/>
			3.2 NAME		<input type="checkbox"/>
			3.3 STREET ADDRESS		<input type="checkbox"/>
			3.4 CITY-ST-ZIP		<input type="checkbox"/>
			4.1 TITLE		<input type="checkbox"/>
			4.2 NAME		<input type="checkbox"/>
			4.3 STREET ADDRESS		<input type="checkbox"/>
			4.4 CITY-ST-ZIP		<input type="checkbox"/>
			5.1 TITLE		<input type="checkbox"/>
			5.2 NAME		<input type="checkbox"/>
			5.3 STREET ADDRESS		<input type="checkbox"/>
			5.4 CITY-ST-ZIP		<input type="checkbox"/>
			6.1 TITLE		<input type="checkbox"/>
			6.2 NAME		<input type="checkbox"/>
			6.3 STREET ADDRESS		<input type="checkbox"/>
			6.4 CITY-ST-ZIP		<input type="checkbox"/>

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.

**SIGNATURE:** *[Signature]* **Secretary** **12-31-97** **352-848-3150**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone # 0464271

CR2E034 (10/97)