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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000053602 (4)

1. Corporation Name
GIBRON & QUEZON, P.A.



Principal Place of Business

2910 BAY TO BAY BLVD. STE 217
TAMPA FL 33629

Mailing Address

2910 BAY TO BAY BLVD. STE 217
TAMPA FL 33629-8113

3. Date Incorporated or Qualified

06/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 3902 HENDERSON BLVD

Suite, Apt. #, etc.

22 SUITE 206A

City & State

23 TAMPA, FL

Zip

24 33629

Country

25 USA

2a. Mailing Address

26 3902 HENDERSON BLVD

Suite, Apt. #, etc.

27 SUITE 206A

City & State

28 TAMPA, FL

Zip

29 33629

Country

30 USA

4. FEI Number

59-3394431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

QUEZON, JAIME R

2910 BAY TO BAY BLVD. STE 217

TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

JAIME R. QUEZON

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

3902 HENDERSON BLVD

83 Suite, Apt. #, etc.

SUITE 206A

84 City

TAMPA

FL

85 Zip Code

33629

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☒ Addition

1.2 NAME

JAIME R. QUEZON

1.3 STREET ADDRESS

3902 HENDERSON BLVD. SUITE 206A

1.4 CITY-ST-ZIP

TAMPA, FL 33629

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

VP JAMES KAL GIBRON

2.3 STREET ADDRESS

3902 HENDERSON BLVD; SUITE 206A

2.4 CITY-ST-ZIP

TAMPA, FL 33629

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 do 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.

CR2E034 (9/96)