

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000097397 (8)**

1. Corporation Name
RONALD GIBBONS FENCE, INC.



Principal Place of Business
**1301 N.W. 198TH STREET
MIAMI FL 33169**

Mailing Address
**1301 N.W. 198TH STREET
MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1997

2. Principal Place of Business
21 **1301 NW 198th Street**

2a. Mailing Address
26 **Same**

4. FEI Number
65-0826469

Applied For
Not Applicable

22 Suite, Apt. #, etc.
23 **Miami Florida**

27 Suite, Apt. #, etc.
28 **Miami Florida**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

24 **33169** 25 **America**

29 **33169** 30 **America**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACK J.D.
9620 N.W. 198TH AVENUE
MIAMI FL 33169**

81 Name
Ronald M. Gibbons
82 Street Address (P.O. Box Number is Not Acceptable)
1301 NW 198th Street
83
84 City **Miami** 85 **FL** Zip Code **33169**

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

Ronald M. Gibbons
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-28-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ronald M. Gibbons
1.3 STREET ADDRESS	1301 NW 198th Street
1.4 CITY-ST-ZIP	Miami, Florida 33169
2.1 TITLE	Secretary-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sharon K. Gibbons
2.3 STREET ADDRESS	1301 NW 198th Street
2.4 CITY-ST-ZIP	Miami, Florida 33169
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

Ronald M. Gibbons
Signature, typed or printed name of registered agent and title if applicable.

CR2E034 (5/98)