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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000107748 (0) DOCUMENT

GIBBS FURNITURE STORE, INC.

Principal Place of Business 226 WEST MAIN STREET WAUCHULA FL 33873

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

226 WEST MAIN STREET WAUCHULA FL 33873

FILED Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

65-0802159

3. Date Incorporated or Qualified 12/22/1997

5. Certificate of Status Desired

City & State	9	City &	City & State					Campaign Finan	cina		\$5.00	May Be
23		28	28				1	d Contribution	~ □	!		to Fees
Zip	Country		pC		country		8. This corp	oration owes or	has paid th	e curren	year In	tangible
24	25	29	30				Personal Property Tax due June 30. Yes No					
	Name and Address of C		10. Name and Address of New Registered Agent 81 Name									
GIBBS, HARRY D						Name						
226 WEST MAIN STREET					12 Street Address (P.O. Box Number is Not Acceptable)							
WAUCHULA FL 33873											<u>-</u> .	
					3							
						City	85 Zip Code					Code
					L							
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 reinstating) DATE												
12.	Signature, typed or printed name or registered agent and use if applicable (NOTE: Registere OFFICERS AND DIRECTORS 13.					signature required		S/CHANGES TO			PECTOR	RS INI 12
TITLE	DP			1.1 TITLE			ABBITION	5/01/AIVALO 10	OFFICERS		Change	Addition
NAME		GIBBS, HARRY D		1.2 NAME						_		
STREET ADDRESS	226 WEST MAIN STREE	Т			3 STREET ADDRESS							
CITY-ST-2IP	WAUCHULA FL 33873			1.4 City-		1						l
TITLE	DV				2.1 TITLE						Change	☐ Addition
NAME	GIBBS, DARRYL P			2,2 NAME	ļ						-	
STREET ADDRESS	253 GEORGETOWN LOOP		2,3 STREET ADDRESS								Í	
CITY-ST-ZIP	WIATOURIA EL GOSTO			2. 4 CITY-ST-ZIP								
TITLE	DTS DELETE		DELETE	3.1 TMLE							Change	☐ Addition
NAME	GIBBS, CARLA A			3.2 NAME	NAME							
STREET ADDRESS	226 WEST MAIN STREE	F		3.3 STREET	3.3 STREET ADDRESS							}
CITY-ST-ZIP	WAUCHULA FL 33873			3.4. CITY-	4. CITY-ST-ZIP						_	
TITLE			DELETE	4.1 TITLE							Change	☐ Addition
NAME				4. 2 NAME	E							
STREET ADDRESS				4.3 STREET	T AE	DORESS						
CITY-SI-ZIP				4.4 CITY - 9	ST-	ZIP			····			
TITLE			DELETE	5.1 TITLE		ļ					Change	Addition (
NAME				5.2 NAME								
STREET ADDRESS				5.3 STREET	T AC	DRESS						[
CITY-ST-ZIP				5.4 CITY - S	ST-	ZIP						
TITLE			DELETE	6.1 TITLE							Change	☐ Addition
NAME				6.2 NAME								
STREET ADDRESS				6.3 STREET	TAD	DRESS						
CITY-ST-ZIP		-1-34-41-4-4-1		6.4 CITY-S				wa elizar o	da = 1 2 2 2		4fr - f	
indicated of	14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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											

SIGNATURE:

SIGE ON BULLETURS

2_-2-98

Applied For

\$8.75 Additional

Fee Regulred

Not Applicable