**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

## Secretary of State

## DOCUMENT # P98000010764

1. Corporation Name

GILBERT CONSULTING, INC.

Principal Place of Business

2267 HABERSHAM DR.

Mailing Address

2267 HABERSHAM DR.

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90163 048 \*\*\*150.00



CLEARWATER FL 34624	CLEARWATER FL 34624				
			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed		
			02/02/1998		
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For	
21 2267 Habersham Dr	26 2247 Habers	am Dr	59-3491472	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 Clearwater FL	27 Clearwater	FL		Lee Veduiled	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 33764	28 33764		Trust Fund Contribution	Added to Fees	
Zip Country		ountry	8. This corporation owes the current year	Intangible	
24 25	29 30		Personal Property Tax.	Yes SNo	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
OILDEDT LICA B		81 Name			
Gilbert, Lisa B 2267 Habersham Dr.		82 Street Address (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 34624		83			
		84 City		85 Zip Code	

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.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D DELETE	1.1 TITLE	D., , , , , ,	Change	☐ Addition				
NAME	GILBERT, DAVID L	1,2 NAME	Gilbert, David L		{				
STREET ADDRESS	2267 HABERSHAM DR.	1,3 STREET ADDRESS	2267 Habersham Dr						
CITY-ST-ZIP	CLEARWATER FL 34624	1.4 CITY-ST-ZIP	Gilbert, David L 2267 Habersham Dr Clearwater FL 85764						
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition				
NAME		2,2 NAME			ſ				
STREET ADDRESS		2.3 STREET ADDRESS							
CITY-ST-ZIP		2. 4 CITY-ST-ZIP							
TITLE	☐ DELETE	3.1 TITLE		☐ Change	Addition				
NAME		3.2 NAME							
STREET ADDRESS		3,3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY+ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition (				
NAME		4. 2 NAME			į				
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS			ļ				
CITY-ST-ZIP		5,4 CfTY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS			j				
CITY-ST-ZIP		6.4 CITY-ST-ZIP							

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 chapted, or on an attachment with a praddress, with all other like empowered.

SIGNATURE: