

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

90 MAY - 1 11 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Mumford
Secretary of State
1995

DOCUMENT # **S03887** (4)

1. Corporation Name
GIBSON HOME BUILDERS, INC.

Principal Place of Business: **7107 CLASSIC CT NAVARRE FL 32566**
Mailing Address: **7107 CLASSIC CT NAVARRE FL 32566**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1990** 3a. Date of Last Report: **04/18/1994**
4. FE Number: **59-3090350** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State: **22** City & State: **27**
City & State: **23** City & State: **28**
Zip: **24** County: **25** City: **29** County: **30**

9. Name and Address of Current Registered Agent

**MOORHEAD, STEPHEN R.
4300 BAYOU BLVD
SUITE 12 & 13
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

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 607.0101 and 607.0102, Florida Statutes, the undersigned 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 the terms of Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIBSON, HARRY T.
STREET ADDRESS	7107 CLASSIC CT.
CITY, ST, ZIP	NAVARRE FL
TITLE	D
NAME	GIBSON, SHERRY A.
STREET ADDRESS	7107 CLASSIC CT.
CITY, ST, ZIP	NAVARRE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information furnished with this filing is accurately furnished and shows full compliance for the corporation stated in Sections 119.07(3)(b) Florida Statutes. I do hereby 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. I am an officer or director of the corporation or the manager or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or newly appointed officers with an address.

SIGNATURE: *Harry T. Gibson* **HARRY T. GIBSON** 4-27-95 (904) 939-1201
Signature and Typed or Printed Name of Signing Officer or Director Date Digital ID Code