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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # S35868

1. Corporation Name

(6)

CONCEPTS BY GIBSON, INC.

appears in Block 12 or

SIGNATURE:

Principal Plac	ca of Business	Mailing Address				
4311 17TH AVENUE SW						
					3. Date Incorporated or Qualified 03/06/1991	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21] Suite, Apt	# etc	Suite, Apt. #, etc.			65-0246688	Not Applicable
22	, , , , ,	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	de	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		.,	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for it	
24	25 9. Name and Address of Curre	29 ent Registered Agent	30	·	Florida Statutes 10. Name and Address of New Reg	Yes No
BUC	CKEL, ROBERT M		1	1 Name		
1100 5TH AVENUE SOUTH			ļ.	Street Add	ress (P.O. Box Number is Not Acceptab	اها
	TE 211				1035 (F.O. BOX Humber is Not Accepted	10)
NAF	PLES FL 33940		[4	33		
		•	1	14 City		85 Zip Code
11. Pursuant	t to the provisions of Sections 607.05	02 and 607 1508. Florida Stati	ites the abo	ove-named corr	oration submits this statement for the n	FL by 200 de registered
office or apent 1	registured agent, or both, in the Statem familiar with, and accept the obli-	te of Florida, Such change was	authorized	by the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	or training with and boody! the dist	gallono or, coolor cor todo, r	ronda biala	100.		
	Signature, typic Lor printed name of registered a			Agent signature requi		DATE
12. TELE	OFFICERS A	ND DIRECTORS DELETE	13.	r	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	GIBSON, RICHARD S	טכננונ	1.1 TITL 1.2 NAM			C Cuange C Admindi
STREET ADDRESS	4044 45701 ALE OUL			EET ADDRESS		
C-TY-S1-ZiP	NAPLES FL			'-ST-21P		
1016	D	**************************************		E		☐ Change ☐ Addition
NAME	GIBSON, JENNIFER A		2.2 NAM	1E		
STREET ADDRESS			2.3 STR	EET ADDRESS		
CHY+ST-74P	NAPLES FL	Ser. From		Y-ST-ZIP		
TITLE		L_] DELETE	3.1 TITL			Change Addition
NAME PERCENTAGES			3 2 NAM			
STREET ADDRESS				EET ADDRESS		
THE	THE PERSON STORY OF THE PERSON	☐ DELETE	3.4. UII 4.1 TiTL	Y-ST-ZIP E		Change Addition
NAME			4. 2 NAI			
STREET ADDRESS				EET ADDRESS		
City-St-ZiP			4.4 City	-ST-21P		
THLE		DELETE	5.1 TITL	E		Change Addition
NAME			5.2 NAN	E		
STREET ADDRESS			5.3 STR	EET ADDRESS		
C(TY - S1 - ZIP		T DECETE		'-ST-2IP		Ohnes 1 1422
MLi		☐ DELETE	6.1 TITL			Change Addition
NAME STREET ADDRESS			6.2 NAM	SE FET ADORESS		
			= D43B	CLUBER MEAN		

14. Ido 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