FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S51192** **(0)**

1. Corporation Name
GILBERT MANJURA MARKETING, INC.

Principal Place of Business	Mailing Address
1175 SPRING CENTRE SOUTH BLVD. ALTAMONTE SPRINGS FL 32714-1999	1175 SPRING CENTRE SOUTH BLVD. ALTAMONTE SPRINGS FL 32714-1999

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **04/06/1991**
3a. Date of Last Report: **06/02/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); ZIP (24); County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); ZIP (29); County (30)

4. FEI Number: **59-3059016** ☐ 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 elected to be governed by the provisions of Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MANJURA, BONNIE D.
1175 SPRING CENTRE SOUTH BLVD.
ALTAMONTE SPRINGS FL 32714-1999

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 Section 607.0501 and/or 617.0501 Florida Statutes, the above named corporation submits the 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(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
PD GILBERT, EDWARD 1832 IMPERIAL PALM DR. APOPKA FL 32712	☐ Change ☐ Addition
EVPD MANJURA, BONNIE D. 1840 WINGFIELD DRIVE LONGWOOD FL 32779	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I am aware that any false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, or Chapter 617, Florida Statutes, is punishable as a felony. I further certify that the information indicated on this report or supplemental 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 above or on an attachment with an address.

SIGNATURE: ✓ BONNIE D. MANJURA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-25
Date

407 ✓ 682-1717
Telephone Number

0000319 CP