

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY - 1 PM 1:56

DOCUMENT # **S54836** (9)  
1. Corporation Name  
**GILBREATH ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**200 S. HARBOR CITY BLVD.  
SUITE 501, PENTHOUSE FLOOR  
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/17/1991** 3a. Date of Last Report **03/11/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** *40 KENNETH R. WALL, CPA*  
**22** City & State **27** *P.O. Box 372408*  
**23** *SATELLITE BEACH, FL*  
**24** Zip **25** *32937* **29** *BREVARD*

4. FEI Number **59-3067693** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALL, KENNETH R.  
1680 HIGHWAY A1A  
SATELLITE BEACH FL 32937**

**01** Name  
**02** Street Address (P.O. Box Number is Not Acceptable)  
**03**  
**04** City **FL** **05** 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, applicable)

(DATE) Registered Agent signature required when mandating

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>SVP</b>
NAME	<b>GILBREATH, WILLIAM M.</b>
STREET ADDRESS	<b>14802 OAKBRIAR</b>
CITY ST ZIP	<b>SAN ANTONIO TX</b>
TITLE	<b>PTD</b>
NAME	<b>GILBREATH, JUDY S.</b>
STREET ADDRESS	<b>14802 OAKBRIAR</b>
CITY ST ZIP	<b>SAN ANTONIO TX</b>
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	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>Wc #9, Box 11848, No Old CINCINNATI RD</b>
1.4 CITY ST ZIP	<b>SUMMERS, AR 72769</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>Wc #9, Box 11848, No Old CINCINNATI RD</b>
2.4 CITY ST ZIP	<b>SUMMERS, AR 72769</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an attachment with an address.

SIGNATURE: *William M. Gilbreath*  
WILLIAM M. GILBREATH

4-24-95 501-824-5362