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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90047 036 \*\*\*150.00

U114639

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S54836**

1. Corporation Name  
**GILBREATH ENTERPRISES, INC.**

Principal Place of Business <b>288 G. HARBOR CITY BLVD.                  SUITE 301, TENTHOUSE FLOOR                  MELBOURNE FL 32901</b>	Mailing Address <b>C/O KENNETH R. WALL, CPA                  P.O. BOX 372408                  SATELLITE BEACH FL 32937                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 WC #9, Box 11848</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22 NO. OLD CINCINNATI ROAD</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Summers, ARKANSAS</b>	City & State <b>28</b>
Zip <b>24 72769</b>	Country <b>25</b>
Country <b>25</b>	Zip <b>29</b>

3. Date Incorporated or Qualified <b>05/17/1991</b>	
4. FEI Number <b>59-3067893</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBREATH, WILLIAM M.	1.2 NAME	
STREET ADDRESS	WC #9, BOX 11848 NO OLD CINCINNATI ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERS AR	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBREATH, JUDY S.	2.2 NAME	
STREET ADDRESS	WC #9, BOX 11848, NO OLD CINCINNATI RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERS AR	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE: William M. Gilbreath Date: 4-12-99 Daytime Phone # \_\_\_\_\_  
Signature and typed or printed name of signing officer or director

CR2E034 (1/98)