

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED  
AND  
FILED**

**1996 AUG 23 PM 3:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S96344 (4)**  
1. Corporation Name  
**D. L. GIBSON CONSTRUCTION, INC.**

Principal Place of Business <b>21 FIRST CT. SANTA ROSA BCH FL 32459 US</b>	Mailing Address <b>PO BOX 155 DESTIN FL 32540-0155 US</b>
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3. Date Incorporated or Qualified <b>11/22/1991</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3100764</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>29</b>
	<b>30</b>

**9. Name and Address of Current Registered Agent**

**GIBSON, DAVID L.  
21 FIRST COURT  
SANTA ROSA BEACH FL 32459**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 the filer if applicable) (If not: Registered Agent signature required when re-appointing) (Date)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PTSD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBSON, DAVID L.</b>	
STREET ADDRESS	<b>21 FIRST CT.</b>	
CITY-ST-ZIP	<b>SANTA ROSA BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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-08/27/96--01065--013  
\*\*\*\*375.00 \*\*\*\*375.00**

**Sec 8-23-96**

**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)(k) Florida Statutes. I further certify that the information and data 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment with an address

**SIGNATURE:**  **DAVID L. GIBSON** **9-16-96** **(904) 585-2108**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date/Phone #)

CR2E034 (3/96)