

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V58652** (1)
1. Corporation Name
GIBBS MORTGAGE COMPANY

95 JAN 17 AM 11:26

Principal Place of Business Mailing Address
1649 EAST SAMPLE ROAD **1649 EAST SAMPLE ROAD**
POMPANO BEACH FL 33064 **POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **08/19/1992** 3a. Date of Last Report **02/07/1994**

4. FEI Number **65-0351172** 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 franchise tax under S. 199.037 Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

GIBBS, FRANK G
1649 EAST SAMPLE ROAD
POMPANO BEACH FL 33064

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 Sections 607 (0202) and 607 (1908), 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 Sections 607 (0202), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS 13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12

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<p>D</p> <p>GIBBS, FRANK G 2720 NE 12TH STREET POMPANO BCH FL</p>	<p>1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1. STREET ADDRESS</p> <p>1. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2. NAME</p> <p>2. STREET ADDRESS</p> <p>2. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3. NAME</p> <p>3. STREET ADDRESS</p> <p>3. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4. NAME</p> <p>4. STREET ADDRESS</p> <p>4. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5. NAME</p> <p>5. STREET ADDRESS</p> <p>5. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6. NAME</p> <p>6. STREET ADDRESS</p> <p>6. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

14. I hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 199.037, Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am available or on behalf of the corporation or the person or persons responsible to carry out this report as required by Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: *Frank G Gibbs* 1/10/95 305.761.5370
INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR