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**May 01 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 722578 (2)

1. Corporation Name

BIVEN'S NORTH, INC.



Principal Place of Business

Mailing Address

P.O. BOX 140-327
GAINESVILLE FL 32614-0327

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GAINESVILLE FL 32614-0327

3. Date Incorporated or Qualified
02/01/1972

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1417657

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23

28

24 Zip Country

29 Zip Country

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

**JOAN E. EDGAR
2506 SW 9TH DR.
GAINESVILLE FL 32601**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **JOAN EDGAR**
STREET ADDRESS **2506 SW 9TH DR.**
CITY - ST - ZIP **GAINESVILLE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

President D
Donald Jennings
2518 SW 14th Drive
Gainesville, Fl 32608

Change

TITLE **VP** DELETE
NAME **FELIX LEE**
STREET ADDRESS **2520 SW 14TH DR.**
CITY - ST - ZIP **GAINESVILLE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Vice President D
Felix Lee
2520 SW 14th Drive
Gainesville, fl 32608

Change

TITLE **T** DELETE
NAME **JOSEPH H. FRAER**
STREET ADDRESS **1616 SW 14TH DR.**
CITY - ST - ZIP **GAINESVILLE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Treasurer D
Joan Edgar
2506 SW 9th Drive
Gainesville, Fl 32601

TITLE **S** DELETE
NAME **BEVERLY MCGUIRE**
STREET ADDRESS **2504 SW 14TH DR.**
CITY - ST - ZIP **GAINESVILLE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

D
Beverly McGuire
2504 SW 14th Drive
Gainesville, Fl 32608

TITLE **D** DELETE
NAME **JENNINGS, DONALD**
STREET ADDRESS **2518 SW 14TH DR**
CITY - ST - ZIP **GAINESVILLE FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

D
William Malcolm
2522 SW 14th Drive
Gainesville, Fl 32608

Change

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joan E. Edgar (Joan E. Edgar)** *March 17, 1997 352 835 943*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011328

60211/100230