

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 723301 (8)
1. Corporation Name
HISTORIC GAINESVILLE, INC.

95 JAN 26 PM 3: 38

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P O BOX 466 GAINESVILLE FL 32602 P O BOX 466 GAINESVILLE FL 32602

3. Date Incorporated or Qualified 04/28/1972 3a. Date of Last Report 01/19/1994
4. FEI Number 23-7169439 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BARROW, MARK V
224 N E 10TH AVE
GAINESVILLE FL 32601

10. Name and Address of Now Registered Agent
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 607.0502 and 607.1509, 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 if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS
TITLE -VP-
NAME REEVES, JAY
STREET ADDRESS 305 NE 5 AVE.
CITY - ST - ZIP GAINESVILLE, FL 00000
TITLE SD
NAME BRINSRO, ANDREA M
STREET ADDRESS 3428 NW 48 TERR.
CITY - ST - ZIP GAINESVILLE, FL 00000
TITLE TD
NAME FRISBIE, THOMAS G
STREET ADDRESS 3430 NW 21 DR
CITY - ST - ZIP GAINESVILLE FL
TITLE PD
NAME MONTALTO, JOE
STREET ADDRESS 309 SE 7TH ST
CITY - ST - ZIP GAINESVILLE, FL 00000
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PRESIDENT Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE DELETE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE VICE PRESIDENT Change Addition
5.2 NAME PATRICE BOYES
5.3 STREET ADDRESS 610 NE BOULEVARD
5.4 CITY - ST - ZIP GAINESVILLE, FL 32601
6.1 TITLE Change 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 110.07(3)(k), 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: *Thomas G. Frisbie* 20 JAN 95 904 324-2161
THOMAS G. FRISBIE