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Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
P O BOX 466 GAINESVILLE FL 32602 P O BOX 466 GAINESVILLE FL 32602-0466

3. Date Incorporated or Qualified 04/28/1972 3a. Date of Last Report 04/05/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7169439 Applied For Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 6. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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
BARROW, MARK V 224 N E 10TH AVE 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 agent 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	SD	1.1 TITLE	
NAME	BRINSRO, ANDREA M	1.2 NAME	T D THOMAS SPUTO
STREET ADDRESS	3428 NW 48 TERR.	1.3 STREET ADDRESS	520 NE 9TH AVE
CITY - ST - ZIP	GAINESVILLE, FL 00000	1.4 CITY - ST - ZIP	GAINESVILLE FL 32601
TITLE	VPD PD	2.1 TITLE	
NAME	FRISBIE, THOMAS G	2.2 NAME	
STREET ADDRESS	3430 NW 21 DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	PPD PPD	3.1 TITLE	
NAME	BOYES, PATRICE	3.2 NAME	
STREET ADDRESS	610 NE BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	FD VP	4.1 TITLE	
NAME	ANN BOYD	4.2 NAME	
STREET ADDRESS	1108 NE 4TH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Thomas G Frisbie THOMAS G FRISBIE 18 FEB 97 352 334-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010659

CR2E037 (9/96)