FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT Mar 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 (8)DOCUMENT # HISTORIC GAINESVILLE, INC. Principal Place of Business Mailing Address P O BOX 466 3. Date Incorporated or Qualified GAINESVILLE FL 32602 GAINESVILLE FL 32602 04/28/1972 Applied For 23-7169439 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BARROW, MARK V 82 Street Address (P.O. Box Number is Not Acceptable) 224 N E 10TH AVE 83 GAINESVILLE FL 32601 64 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE ☐ Change HEATHERENGTON, ANN L BRINSRO, ANDREA M NAME 12 NAME 3428 NW 48 TERR. 725 NE 2 St. STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE, FL 00000** GAINESVILLE FL 3260 1 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE PPD K Change Addition TITLE 2.1 TITLE FRISBIE, THOMAS G 2.2 NAME NAME 3430 NW 21 DR STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP PPD DELETE VPD Change Addition TITLE 3.1 TITLE BARROW, JOHN **BOYES, PATRICE** NAME 3.2 NAME 610 NE BLVD. STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL** GATNESVILLE, FL 32601 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE ANN BOYD NAME 4.2 NAME 1106 NE 4TH ST STREET ADDRESS 4.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE SPUTO, THOMAS NAME 5.2 NAME 520 NE 9TH AVE STREET ADDRESS 5.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

I 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.

And Heatherington

2/26/08