

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K51788** (3)

1. Corporation Name

**THIRD STREET PROPERTIES, INC.**

Principal Place of Business

**111 SOUTHWEST 3RD STREET  
GAINESVILLE FL 32601**

Mailing Address

**1 SOUTHEAST 1ST AVENUE  
GAINESVILLE FL 32601**



2. Principal Place of Business

2a. Mailing Address

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | State, Apt. #, etc. | 26 | State, Apt. #, etc. |
| 22 | City & State        | 27 | City & State        |
| 23 | Zip                 | 28 | Zip                 |
| 24 | Country             | 29 | Country             |

9. Name and Address of Current Registered Agent

**DOLLINGER, JEFFREY R  
1 SOUTHEAST 1ST AVENUE  
GAINESVILLE FL 32601**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

**12/16/1988**

3a. Date of Last Report

**05/01/1995**

4. File Number

**59-2922235**

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 intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person to be registered as agent or registered agent

Signature of person to be registered as agent or registered agent

DATE

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PSD                    | <input type="checkbox"/> DELETE |
| NAME           | DOLLINGER, JEFFREY R   |                                 |
| STREET ADDRESS | 1 SOUTHEAST 1ST AVENUE |                                 |
| CITY-STATE-ZIP | GAINESVILLE FL 32601   |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY-STATE-ZIP |                                                                   |
| 15 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16 NAME           |                                                                   |
| 17 STREET ADDRESS |                                                                   |
| 18 CITY-STATE-ZIP |                                                                   |
| 19 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20 NAME           |                                                                   |
| 21 STREET ADDRESS |                                                                   |
| 22 CITY-STATE-ZIP |                                                                   |
| 23 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24 NAME           |                                                                   |
| 25 STREET ADDRESS |                                                                   |
| 26 CITY-STATE-ZIP |                                                                   |
| 27 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28 NAME           |                                                                   |
| 29 STREET ADDRESS |                                                                   |
| 30 CITY-STATE-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 119.07(3)(c), 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

CR2E034 (12/95)