

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N93000003091 (6)
 1. Corporation Name
GAINESVILLE DOWNTOWN OWNERS AND TENANTS, INC.

Principal Place of Business 101 SE 2ND PLACE SUITE 202 GAINESVILLE FL 32601	Mailing Address P O BOX 464 GAINESVILLE FL 32602-0464
---	---

3. Date Incorporated or Qualified 07/01/1993	Applied For Not Applicable
4. FEI Number 59-3191085	

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MCGURN, LINDA C
 101 SE 2ND PLACE
 SUITE 202
 GAINESVILLE FL 32601**

10. Name and Address of New 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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Sexton, Mark
STREET ADDRESS		2.3 STREET ADDRESS	25 SE 2nd Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Robinson, Cyndi
STREET ADDRESS		3.3 STREET ADDRESS	114 SE 1st Street, Suite 9
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Colson, Dawn
STREET ADDRESS		4.3 STREET ADDRESS	104 N. Main Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Reynolds, George
STREET ADDRESS		5.3 STREET ADDRESS	21 W. University Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Wrighton, Matthew
STREET ADDRESS		6.3 STREET ADDRESS	101 SE 2nd Place, Suite 101
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Gainesville, FL 32601

14. 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 asterisk.

SIGNATURE: _____ **4/15/98** **352 3226172**

CF2E037 (10/97)