

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000035154 (2)**

1. Corporation Name

**NEWBERRY CROSSING STORE, INC.**



Principal Place of Business

Mailing Address

1237 N.W. 76 BLVD.  
GAINESVILLE FL 32606

521 NW 13TH STREET  
GAINESVILLE FL 32601  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

3. Date Incorporated or Qualified **05/14/1993**  
3a. Date of Last Report **02/21/1995**  
4. FEI Number **59-3188518**  
5. Certificate of Status Desired **X** **\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORE, MICHAEL D**  
1237 N.W. 76TH BLVD.  
GAINESVILLE FL 32606

81 Name **Gore, Michael D.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**521 NW 13th St.**  
83  
84 City **Gainesville** FL 85 Zip Code **32601**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director

NOTE: See Word Agent signature required when necessary

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GORE, ARTHUR J</b>	
STREET ADDRESS	<b>521 N.W. 13 ST.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHUKOVSKY, DAVID J</b>	
STREET ADDRESS	<b>521 NW 13 TH ST</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FLEISHMAN, ANDOR</b>	
STREET ADDRESS	<b>521 NW 13TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Director, President, Secretary</b>
13 STREET ADDRESS	<b>Gore, Arthur J.</b>
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>V.P. Operations</b>
43 STREET ADDRESS	<b>Gore, Michael D.</b>
44 CITY-ST-ZIP	<b>521 NW 13th St. Gainesville, FL 32601</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or unchanged, in attachment with an address.

SIGNATURE:

*Arthur J. Gore* **Arthur J. Gore** president 3/3/96 904-378-5224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)