FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:38

DOCUMENT # 723301 (8)

1. Corporation Name
HISTORIC GAINESVILLE, INC.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 04/28/1972
3a. Date of Last Report: 01/19/1994
4. FEI Number: 23-7169439 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BARROW, MARK V
224 N E 10TH AVE
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	REEVES, JAY	1.2 NAME		
STREET ADDRESS	305 NE 5 AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	BRINSRO, ANDREA M	2.2 NAME		
STREET ADDRESS	3428 NW 48 TERR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	FRISBIE, THOMAS G	3.2 NAME		
STREET ADDRESS	3430 NW 21 DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	MONTALTO, JOE	4.2 NAME		
STREET ADDRESS	309 SE 7TH ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		5.2 NAME	PATRICE BOYES	
STREET ADDRESS		5.3 STREET ADDRESS	610 NE BOULEVARD	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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 20 JAN 95 904 324-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS G. FRISBIE

0020307