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

PROFIT CORPORATION



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

P93000009923 (2) DOCUMENT #

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IIA AII	LEN MACONDY	/ IMC	

Principal Place of Business Mailing Address 521 S.E. 11TH AVE. 521 S.E. 11TH AVE. GAINESVILLE FL 32601 GAINESVILLE FL 32601 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1993 09/22/1995 2. Principal Flace of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3162290 Not Applicable Suite, Apt. #r, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s 199.032, 25 24 29 30 Florida Statutes Ves □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name ALLEN, JAMES C JR. Street Address (P.O. Box Number is Not Acceptable) R2 521 S.E. 11TH AVE. **GAINESVILLE FL 32601** 83 84 City 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 Stylinstone, typed or printed manie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIFFECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 HIGH DEL ETE 1 1 TITLE Change ■ Addition ALLEN, JAMES C JR. NAME 1.2 NAME 521 S.E. 11TH AVE. STREET ADDRESS 1 3 STREET ADDRESS **GAINESVILLE FL 32601** 1.4 CITY - ST - ZIP 1 TEF DELETE 2 1 TITLE Addition Change NAM: 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS C/1Y+\$1+Z/P 24 CHY-ST-ZIP DELETE 1.16 3 1 THILE Addition 5,40% 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C-14 - 51 - 7 P 34 CITY - ST - ZiP THE □ DELETE 4 1 TITLE ☐ Change Addition 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CHY ST ZIP 4.4 CITY - ST - ZIP THE DELETE 5 1 T!TLE Change Addition NAM: 5.2 NAME STREET ADDRESS. 5.3 STREET ADDRESS 5.4 City-St-ZiP 1000 □ DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ACIDRESS 6.3 STREET ADDRESS

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 13 if changed, or on an attachment with an address.

64 City - St - ZiP

SIGNATURE:

011 Y - ST-7(P)

James C. Allen, Jr 1.29.96 (352) 873-2849

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