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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N27888 (9)

1. Corporation Name
3309 PALMETTO, INC.

Principal Place of Business	Mailing Address
11417 PALMETTO BLVD TURKEY CREEK ALACHUA FL 32615 US	80 TURKEY CREEK ALACHUA FL 32615-9569 US

3. Date Incorporated or Qualified: 08/16/1988
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business
21: 11415 PALMETTO
22: Suite, Apt. #, etc.
23: City & State: ALACHUA, FL
24: Zip: 32615
25: Country: U.S.

2a. Mailing Address
26: 64 TURKEY CREEK
27: Suite, Apt. #, etc.
28: City & State: ALACHUA, FL
29: Zip: 32615
30: Country: U.S.

4. FEI Number: 59-2904601 ☐ 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

9. Name and Address of Current Registered Agent

ROHM, JAMES R
11417 PALMETTO DR
TURKEY CREEK
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name: SAM W. BOONE, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1330 NW 6th ST.
83: SUITE C
84 City: GAINESVILLE **FL** 85 Zip Code: 32601

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: [signature] 1/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST.	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTE, TAMSIN		1.2 NAME		
STREET ADDRESS	64 TURKEY CREEK		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROHM, JAMES R		2.2 NAME		
STREET ADDRESS	80 TURKEY CREEK		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GAYSO, JOHN		3.2 NAME		
STREET ADDRESS	11419 PALMETTO DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, MARTHA J		4.2 NAME		
STREET ADDRESS	3047 SW 60TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 address.

SIGNATURE: [signature] 1/17/97 352-372-9450