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FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736826 (9)

1. Corporation Name

KANAPAH MAINTENANCE, INC.

Principal Place of Business

Mailing Address

502 NW 75TH ST SUITE 209
GAINESVILLE FL 32607-1608502 NW 75TH ST SUITE 209
GAINESVILLE FL 32607-16763. Date Incorporated or Qualified
09/16/19763a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1729409Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

BROWN, CAROLYN A
502 NW 75TH STREET
SUITE 209
GAINESVILLE FL 3260781 Name Susan Richards
82 Street Address (P.O. Box Number is Not Acceptable)
502 NW 75 St
83 Suite 209
84 City Gainesville FL 85 Zip Code 32607

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

Susan Richards

2-8-97

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 D ☒ DELETE
NAME FREDERICK, WILLIAM
STREET ADDRESS 9703 SW 67TH DR
CITY-ST-ZIP GAINESVILLE, FL 00000TITLE VD ☐ DELETE
NAME CHESHIRE, RICK
STREET ADDRESS 6508 SW 100 LANE
CITY-ST-ZIP GAINESVILLE FLTITLE D ☐ DELETE
NAME SCHECK, JULIE
STREET ADDRESS 7325 SW 97TH LANE
CITY-ST-ZIP GAINESVILLE, FL 00000TITLE DP ☒ DELETE
NAME HECKER, EMIL
STREET ADDRESS 10118 SW 87TH DR
CITY-ST-ZIP GAINESVILLE, FL 00000TITLE D ☐ DELETE
NAME PALMER, CHARLES
STREET ADDRESS 10111 SW 87TH DR
CITY-ST-ZIP GAINESVILLE FLTITLE DST ☒ DELETE
NAME BROWN, CAROLYN
STREET ADDRESS 6922 SW 93 AVE
CITY-ST-ZIP GAINESVILLE FL1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Tracey Louitz
1.3 STREET ADDRESS 4316 SW 67 Dr
1.4 CITY-ST-ZIP Gainesville FL 326082.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE b/p ☒ Change ☐ Addition
4.2 NAME Bob Tolmach
4.3 STREET ADDRESS 10011 SW 67 Dr
4.4 CITY-ST-ZIP Gainesville FL 326085.1 TITLE D/T ☒ Change ☐ Addition
5.2 NAME Larry Dobson
5.3 STREET ADDRESS 7012 SW 97 Lane
5.4 CITY-ST-ZIP Gainesville FL 326086.1 TITLE D/S ☒ Change ☐ Addition
6.2 NAME Susan Richards
6.3 STREET ADDRESS 9603 SW 75 St
6.4 CITY-ST-ZIP Gainesville FL 32608

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:

Susan Richards 2-8-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0011129

CR2E037 (9/96)