FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

158441

(6)

REGALP INC.

SIGNATURE:

Principal Place	of Business	Mailing Address	Mailing Address				1 390000 1700	iù mulmi bhehr minic mubbli iru		i anàm Bibin Bibi	OPPORTUGUE	
10837 NW 32ND AVENUE GAINESVILLE FL 32806-4953		P.O. BOX 140787 GAINESVILLE FL 32614-0787										
			·				3a. Date Incorporated or Qualified 06/30/1949 08/08/1996					
	ace of Business	2a. Mailing Address					4. FEI Numbe				plied For	
21 Suite, Apt. #	Late	Suite, Apt. #, etc.					<u>59-081</u>	2919		\$8.75	t Applicable	
22	, etc	27					5. Certificate	of Status Desired	V	Fee Re		
City & State		City & State					6 Election Ca	mpaign Financing		\$5.00	·	
23		28						Contribution		Added 1		
Zip	Country	Zip	Country				8. This corpor	ation has liability for	intangible	tax under s	199.032,	
24	25	29	30	<u> </u>			Florida Stat		Yes			
	9. Name and Address of Current	Registered Agent		81	Name	1	10. Name and	Address of New Re	gistered	Agent		
	GER, J. MICHAEL			0,	IName							
	7 NW 32ND AVENUE			82	Street A	Address	s (P.O. Box Nur	nber is Not Acceptat	ole)			
GAIN	NESVILLE FL 32606-4953			83								
				84	City				FL	85 Zip (Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508. Florida Stat	utes, the a	boy	e-named (corpora	ation submits th	is statement for the r	NICOODE C	t l mailed in the state of the state	s registered	
office or re	o me provisions of Sections boy took ogistered agent, or both, in the State of n familiar with, and accept the obligat	of Florida, Such charige was	authorize	ed by	the corp	oration	's board of dire	ctors. I hereby acce	pt the a p	pointment as	registered	
PICALATURE			ionoa ote	1000								
SIGNATURE	Styrchicz typicci s prior dina sa otreg densa ajom	and title mappinable (No	OTE Register	ed Age	nt signature	required w	when reinstating)		DATE			
12.	OFFICERS AND		13.		· · · · · · · · · · · · · · · · · · ·		ADDITIONS/	CHANGES TO OFFIC				
TIFLÉ	PDS	DELETE		ITLE	Į	P	C	D 3	5	Change	Addition	
NAME	PLAGER, J. MICHAEL		1	NAME								
STREET ADDRESS	10837 NW 32ND AVENUE		- 1		ADDRESS							
CITY-ST-ZIP TIBLE	GAINESVILLE FL 32606-4953 VPT	DELFTE	1,4 (2.1 T	ITY - S	ST - Z(P	1/2	.			Change	Addition	
NAME	PLAGER, RICHARD H	Dett to		NAME	}	V	-	•		onlings	L Houldon	
STREET ADDRESS	10837 NW 32ND AVENUE				ADDRESS							
CHY-ST 7IP	GAINESVILLE FL 32006-4953				SI-71P							
TITLE		DELETE	311							Change	Addition	
NAME			321	NAME	1							
STREET ADORESS			3.3 9	STREET	ADDRESS			٠				
CITY - ST - ZIP			3 4	CITY-	ST-ZIP						····	
TITLE		DELETE		IITLE						☐ Change	Addition	
NAME	_			NAME)							
STREET ADDRESS					ADDRESS							
City-S1 7IP		L DELETE		OITY - S	ST - ZIP	·····				Changa	Addition	
TITLE		L DELETE		TITLE						L Change	Addition	
NAME				NAME STOKE	Annotee			 -				
STREET ADDRESS [CITY-ST_ZIP					ADDRESS St-zip							
THUE		DELETE		TITLE	21 - FIL					Change	Addition	
NAME			1	NAME								
STREET ADDRESS			1		FADDRESS							
CITY-ST-ZIP					ST-ZIP							
14. I do heret	y certify that the information supplied in indicated on this annual report or si	with this filing does not qu	alify for the	e exe	emption st	tated in	Section 119.0	7(3)(i), Florida Statute	s. I furth	er certify that	the	
інгоглаво Lam an of appears іі	n indicated on this armual report or si hoer or director of the corporation or h Block 12 or Block 13 if changed, or	ippicmental annual report is the receiver or trustee empi op an attachment with an a	s true and owered to iddress	exed	orate and Cute this r	eport a	y signature sha is required by (chapter 607, Florida	statutes;	and that my	name	