

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 200971 (0)

1. Corporation Name

GAINESVILLE SHOPPING CENTER, INC.



Principal Place of Business

1300 RIVERPLACE BLVD
SUITE 610
JACKSONVILLE FL 32207
US

Mailing Address

1300 RIVERPLACE BLVD
SUITE 610
JACKSONVILLE FL 32207
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

03/23/1957

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0826234

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

10. Name and Address of New Registered Agent

BRANNEN W.M.
1300 RIVERPLACE BLVD
SUITE 610
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME TOWERS JR, C D
STREET ADDRESS 4589 ORTEGA BLVD
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE

PD

☒ Change ☐ Addition

TITLE VSD ☐ DELETE

NAME LYLE, M.L.
STREET ADDRESS 3555 RIVERSIDE AVENUE
CITY-ST-ZIP JACKSONVILLE FL

12 NAME

C. D. Towers, Jr.

1300 Riverplace Boulevard, Ste. 610
Jacksonville, FL 32207

13 STREET ADDRESS

14 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VAS ☐ DELETE

NAME BRANNEN, W. M.
STREET ADDRESS 1300 GULF LIFE DR.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE

M. L. Lyle

1300 Riverplace Boulevard, Ste. 610
Jacksonville, FL 32207

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VD ☐ DELETE

NAME LYERLY, JEAN B.
STREET ADDRESS 4314 MCGIRTS BLVD.
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE

VAS

W. M. Brannen
1300 Riverplace Boulevard, Ste. 610
Jacksonville, FL 32207

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Jean B. Lyerly

1300 Riverplace Boulevard, Suite 610
Jacksonville, FL 32207

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

W. M. Brannen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. M. Brannen

4/19/96

Date

904 396-1010

Daytime Phone #

CR2E034 (12/95)