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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 289051

(5)

ARNOLD REALTY COMPANY OF GAINESVILLE, INC.

Annoct) HEALT	I COMPANT OF	uanneoville,	1110.													
Principal Place	e of Busines	Mailing Ade	Mailing Address					1				el libi bil					
1219 W UNIVERSITY AVE. GAINESVILLE FL 32801			1219 W UN GAINESVILL	1219 W UNIVERSITY AVE. 1219 W UNIVERSITY AVE. SUITE 1 GAINESVILLE FL 32601-5192													
			US							01/20/	1965	or Qualifie	ed 3		of Last F 5/1996	Report	
2. Principal Pl	lace of Busi	ness	2a. Mailing	2a. Mailing Address					4.	FEI Num					A	pplied	For
21		-	26							59-10	95320				И	ot App	licable
Suite, Apt.			27	<u> </u>					5.	Certificat	e of Statu	s Desired			\$8.75 Fee R	Additio equired	
City & State	e		City & S	City & State				6. Election Campa Trust Fund Cont			. •		9 [\$5.00 Added	May E	
Zip		Country	Zιp		Cou	ıntry			8.	This corp	oration h	as liability	for intar	ngible ta	ax under	s. 199.0	032,
24		25	29		30					Florida S		•		es 🔲			·
Name and Address of Current			ent Registered Ag	Registered Agent						10. Name and Address of New Registered Agent							
ARN	IOLD, FRE	DERICK B				81	Name										
	9 W UNIVE NESVILLE					Street	Address (P.O. Box Number is Not Acceptable)										
						83											
						84	City					·		FL	85 Zip	Code	
11. Pursuant I	to the provis	sions of Sactions 607.05	02 and 607 1508	Florida Statute	ne tha a	boye		COMO	ration	eubmite	thic ctate	mont for th	ho nuro		hanging	ito rozie	torod
office or re	egistered a	sions of Sections 607.05 gent, or both, in the Stat	e of Florida_Such	change was a	uthorize	d by	the cor	poration	n's bo	ard of d	irectors. I	hereby ac	cept th	iose oi c ne appoii	ntment as	its regist Fregiste	ered
agent. I a	m lamiliar w	ith, and accept the oblig	gations of, Section	607.0505, Flo	rida Stal	tutes	S .										
SIGNATURE	Slopaturo, typog	for printed name of registered as	nont and tills if washingthis	(N/OTE	- Descriptions	d Arro	nt cianut c	required	Lubour	oinctauno)				DATE			
12,	VD DIRECTORS				d Agent signature required				IS/CHANC	SES TO OF			DIRECTO	RS IN 1	2		
TITLE	P		A SECTION AND ADDRESS OF THE PARTY OF THE PA	DELETE	1.1 10	1LE		T				120 10 01			Change		Addition
NAME]	ARNOLD	, FREDERICK B			1.2 N									_	_ ,	_	ŀ
STREET ADDRESS		7TH PLACE					ADDIRESS.	615	รพ	80+1	n Driv	70					
CITY-ST-ZIP	GAINES					ITY-S		1				3260	17				
TITLE	Ÿ			DELFTE	2.1 11		4 61	0011	1100	<u> </u>	, 111	3200		T	Change		Addition
NAME	ARNOLD	. MARIE			2.2 N/	AMF											
STREET ADDRESS		7TH PLACE					ADDRESS	615	- SM	80+1	n Driv	10					
CITY-ST-ZIP	GAINES						T - ZIP					32607	7				
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NAME					3 2 N	AME									,	_	
STREET ADDRESS							ADDRESS										
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NAME					4.2 N	IAME											
STREET ADDRESS							ADDRESS										
CITY-ST-ZIP					4.4 CI	IY-S	T - 71P]
TITLE				DELETE	5.1 1/									L	Change		ddilion
NAME					5.2 N/	AME											
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CITY-ST-ZIP						TY-S											
TITLE				DELETE	6.1 Tr										Change		ddition
NAME					6.2 N/	MF											
STREET ADDRESS							REET ADDRESS										Į
					1												!

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a lattachment with an address.

Marine Black and a contract

CR2E034 (9/96)

FILED

Apr 23 1997 8:00am

Secretary of State