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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

2. Principal Place of Business

21

DOCUMENT #

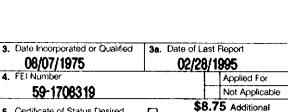
(4)

ACRES	OF	AMERICA,	INC.
MULLU	VI.	MAINT INCK	1110.

Principal Place of Business Mailing Address 412 NE 16TH AVENUE SUITE 130 POB 1776 412 NE 16TH AVENUE SUITE 130 POB 1776 P.O. BOX 1776 P.O. BOX 1776 GAINESVILLE FL 32602 GAINESVILLE FL 32602

2a, Mailing Address

26



22			27	Build, Apr. #, etc.			5.	Certificate of Status Desired			 Additional Required
23	Orty & State		28	City & State			6.	Election Campaign Financing Trust Fund Contribution			.00 May Be ided to Fees
24	Zip	Country 25	29 Z _{II}	7:p Coul 30	ntry		8.	This corporation has liability for Florida Statutes Yes	intangi K		rs 199.032,
	g, Namo	e and Address of Cເ	rrent Register	red Agent			10.	Name and Address of New	Pegiste	ered Agent	
					81	Name					
lee, dennis G. 412 N.E. 16th Ave. Gainesville Fl. 32601			82	Street Address	SS (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 had a of registered agent an	ristria it analo Alaba MOT	5 Pagesteren Anent sunuthire reculires	Nutre rensterno.					
12. OFFICERS AND DIRECTORS			13.	Registereo Agent signature required when reinstating: DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PSD	☐ DELETE	1. 1 TITLE	☐ Change ☐ Addition					
NAME	LEE, DENNIS G		1.2 NAME	· · · · · · · · · · · · · · · · · · ·					
STREET ADDRESS	412 NE 16TH AVE.		1.3 STREET ADDRESS						
CIY SI-ZP	gainesville fl		1.4 C(TY - ST - Z(P						
TILE	ASV	☐ DELETE	2 1 THTLE	☐ Change ☐ Addition					
NAM ₁	LEE, CARIDAD		2 2 NAME						
STREET ADURESS	412 NE 16TH AVENUE		2 3 STREET ADDRESS						
CITY ST ZIP	GAINESVILLE FL		2 4 CITY - ST- ZIP						
TITLE	AS	□ DEFELE	3 1 TITL€	☐ Change ☐ Addition					
NAM:	CHAPMAN, LISA		3.2 NAME						
SPREED ADDRESS	412 N.E. 16TH AVENUE		3.3. STREET ADDRESS						
CITY ST-ZIP	GAINESVILLE FL		3.4 CITY - ST - ZIP						
TITLE		□ DELETE	4 1 TITLE	☐ Change ☐ Addition					
NAM:			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
City-S1-ZiP		S	4 4 CHY-ST-ZiP						
Tiff; F		□ DELETE	5 1 THILE	Change Addition					
NAM:			5 2 NAME						
STEEL LADDRESS			5.3 STHEET ADDRESS						
CITY-51-ZIP			5.4 CITY-ST-ZIP						
HILE		☐ DELETE	6 1 TITLE	Change Addition					
NAM.			6.2 NAME						
STELE! ACIDRESS			6.3 STREET ADDRESS						
CRY ST-ZIP			64 CITY - ST - 7/P						

14. Ido 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 eath, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)