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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **516193** (0)

1. Corporation Name
KANAPAH MEADOWS, INC.



Principal Place of Business

**5517 SW 69 TERRACE
GAINESVILLE FL 32608
US**

Mailing Address

**5517 SW 69 TERRACE
GAINESVILLE FL 32608-4541
US**

3. Date Incorporated or Qualified
10/11/1976

3a. Date of Last Report
06/19/1996

4. FEI Number
59-1716344

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MILLER, DAVID M
5517 SW 69 TERR
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	BRICE, CARLA J	
STREET ADDRESS	5517 SW 69 TERR	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	VD	☐ DELETE
NAME	HICKS, THOMAS P JR	
STREET ADDRESS	5517 SW 69 TERRACE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	PD	☐ DELETE
NAME	MILLER, DAVID M.	
STREET ADDRESS	5517 SW 69 TERRACE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	D	☐ DELETE
NAME	HICKS, ALISON L	
STREET ADDRESS	5517 SW 69 TERRACE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	D	☐ DELETE
NAME	HICKS, STEPHANIE A	
STREET ADDRESS	5517 SW 69 TERRACE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	D	☐ DELETE
NAME	BRICE, HAZEL M	
STREET ADDRESS	5517 SW 69 TERR	
CITY- ST- ZIP	GAINESVILLE FL 32608	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 an attachment with an address.

SIGNATURE: DAVID M. MILLER **REQUIRED** 4/24/97 352 372-7736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)