

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

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 516193 (0)**

1. Corporation Name  
**KANAPAH MEADOWS, INC.**



Principal Place of Business <b>5517 SW 69 TERRACE GAINESVILLE FL 32608 US</b>	Mailing Address <b>5517 SW 69 TERRACE GAINESVILLE FL 32608 US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>10/11/1976</b>	
4. FEI Number <b>59-1716344</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 translating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>BRICE, CARLA J</b>
STREET ADDRESS	<b>5517 SW 69 TERR</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>HICKS, THOMAS P JR</b>
STREET ADDRESS	<b>5517 SW 69 TERRACE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MILLER, DAVID M.</b>
STREET ADDRESS	<b>5517 SW 69 TERRACE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HICKS, ALISON L</b>
STREET ADDRESS	<b>5517 SW 69 TERRACE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HICKS, STEPHANIE A</b>
STREET ADDRESS	<b>5517 SW 69 TERRACE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRICE, HAZEL M</b>
STREET ADDRESS	<b>5517 SW 69 TERR</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>BRICE, CARLA</b>
13 STREET ADDRESS	<b>5517 SW 69 TERR</b>
14 CITY-ST-ZIP	<b>GAINESVILLE, FL</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>COX, ALISON L</b>
43 STREET ADDRESS	<b>5517 SW 69 TERR</b>
44 CITY-ST-ZIP	<b>GAINESVILLE, FL</b>
51 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>FERENCE, STEPHANIE A</b>
53 STREET ADDRESS	<b>5517 SW 69 TERR</b>
54 CITY-ST-ZIP	<b>GAINESVILLE FL</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)