

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

FILED  
Apr 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/11/1976

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

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

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 translating)

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

11 TITLE VD ☒ Change ☐ Addition

12 NAME BRICE, CARLA  
13 STREET ADDRESS 5517 SW 69 TERR  
14 CITY-ST-ZIP GAINESVILLE, FL

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE DST ☒ Change ☐ Addition

42 NAME COX, ALISON L  
43 STREET ADDRESS 5517 SW 69 TERR  
44 CITY-ST-ZIP GAINESVILLE, FL

51 TITLE D ☒ Change ☐ Addition

52 NAME FERENC, STEPHANIE A  
53 STREET ADDRESS 5517 SW 69 TERR  
54 CITY-ST-ZIP GAINESVILLE FL

61 TITLE ☐ Change ☐ 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)