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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

533016

DEER FORD, INC.

Principal Place of Business Mailing Address 412 NE 16TH AVENUE/POB 1776 412 NE 16TH AVENUE/POB 1776 GAINESVILLE FL 32601 **GAINESVILLE FL 32601** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/05/1977 02/28/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-1533016 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEE, DENNIS G. 82 Street Address (P.O. Box Number is Not Acceptable) 412 N.E. 16TH AVE. GAINESVILLE FL 32601 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signed, recitiyare I be printed traine of registered agent and the it arises able (NOTE: Flogistered Agent signature required when reinstating) CR2E034 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PDS** TILL F DELETE 1 1 117LE ☐ Change ☐ Addition LEE, DENNIS G NAME 1.2 NAME 412 NE 16TH AVE. STREET ADDRESS 13 STREET ADDRESS GAINESVILLE, FL 00000 CITY STIZE 1.4 C/TY - ST - Z/P DELETE TITLE VAS 2 1 HILE Change ☐ Addition LEE, CARIDAD NAME 2.2 NAME 412 NE 16TH AVE. STREET ADDRESS 2 3 STREET ADDRESS GAINESVILLE, FL 00000 CIY \$1.2P 2 4 CITY - ST - ZIF DELETE Table AS 3 1 TUTLE Change ☐ Addition NSM CHAPMAN, LISA S. 3.2 NAME 412 N.E. 16TH AVE. STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL** 0011 S1-Z02 3 4 CITY - ST - ZIP THE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET AFFORESS 4.3 STREET ADDRESS CHY-\$1-20 4.4 CITY - ST-ZIP DELFTE 100 6 ☐ Addition 5 1 TITLE Change NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-SI ZIE 54 CITY-ST-ZIP 101.6 DELETE 6 1 THLE [7] Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

DITY - \$1 - 702

64 DITY-ST-ZIP 14. I do 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 inclicated 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 cath, 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 13 if changed, or on an attachment with an address.

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