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



12 No. 18TH A/ENLE/POB 1776   All 2 No. 18TH A/ENLE/POB 1776   CAINESVILLE FI. 32807   30   Date of Loss (Loss (Loss (Loss of Loss (Loss of Loss of Loss (Loss of Loss of Loss of Loss (Loss of Loss of Loss of Loss of Loss of Loss (Loss of Loss o	PROFIT CORPORATION ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Socretary of State  DIVISION OF CORPORATIONS				Feb 27 1997 8:00am Secretary of State						
### STATE OF THE PROPERTY OF CAMES AND DELETE \$170 AND STATES AND DELETE \$200 AND STATES AND	DOCUMENT # 533016 (2) DEER FORD, INC.													
Section of the content of the cont	412 NE 16TH AVENUE/POB 1776 412 NE 18TH AVENUE/POB 1													_,
Suito Apr. # . doi:   Suito Apr. # . doi:   27									05/05/1977	lified			port	
Suite Apt. # clu   Suite Apt. *	<u>΄</u>	age of Business	- F	Mailing Address				4.				f	plied For Applicable	
City & State 28 City & State 29 Country 29 Country 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Suite Apt	#, ietc		Suite, Apt. #, etc.				5.		ed [	<u> </u>	\$8.75 A	dditional	7
A	City & State			City & State				6.	, -	-	<del></del>	\$5.00	May Be	-
LEE, DENNIS G.   412 N.E. 16TH AVE.   GAINESVILLE FL 32801   Since 1 Address of Current Registered Agent   Since 1 Address (P.O. Box Number is Not Acceptable)   B3   Since 1 Address (P.O. Box Number is Not Acceptable)   B4   City	Ζφ	f	7	<b>Z</b> (p)		intry		8.	This corporation has liabil	ty for inta	ingible tax	under s.		
A12 N.E. 16TH AVE. GAINESVILLE FL 32601  83  84 City  FL  85 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Socilions 607 0502 and 607.1508. Floridal Statules, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent or both in the State of Foridal Statules, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent or both in the State of Foridal Statules, the above-named corporation submits this statement for the purpose of changing its regist of the purpose of agent		9. Name and Address of Current Registered Agent							Name and Address of N	w Regis	tered Age	ent		]
GAINESVILLE FL 32601  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statules, the above-named corporation submits this statement for the purpose of changing its regist agent if an familiar with, and accept the obligations of, Section 607.05.05, Florida Statules.  SIGNATURI  10. City Line Florida Statules, the above-named corporation submits this statement for the purpose of changing its regist agent if an familiar with, and accept the obligations of, Section 607.05.05, Florida Statules.  SIGNATURI  10. City Line Florida Statules  SIGNATURI  11. DECEMBRA NATION OF FLORES AND DIRECTORS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  LEE, DENNIS G  SIGNATURI  12. OFFICERS AND DIRECTORS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  LEE, DENNIS G  SIGNATURI  12. OFFICERS AND DIRECTORS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  LEE, DENNIS G  SIGNATURI  13. SIRRET ADDRESS  SIGNATURI  14. DELETE 1.1 TITLE  LEE, CARIDAD  14. DELETE 2.1 TITLE  LEE, CARIDAD  22. NAME  SIRRET ADDRESS  GAINESVILLE, FL 00000  AS  CHAPMAN, LISA S.  12. NAME  ASSISTER ADDRESS  CHAPMAN, LISA S.  13. SIRRET ADDRESS  GAINESVILLE, FL 00000  AS  CHAPMAN, LISA S.  14. DELETE 3.1 TITLE  DELETE 3.1 TITLE  CHAPMAN, LISA S.  412. N.E. 16TH AVE.  33. SIRRET ADDRESS  CHAPMAN, LISA S.  442. N.E. 16TH AVE.  34. CITY-SI-ZIP  DELETE 4.1 TITLE  CHAPMAN  AND CHAPMAN, LISA S.  442. N.E. 16TH AVE.  34. CITY-SI-ZIP  DELETE 4.1 TITLE  CHAPMAN  AND CHAPMAN  AN						81	Name							
B3   B4   City						82	Street Ad	dress (F	P.O. Box Number is Not Acc	ceptable)	1			
11. Pursiant to the previsions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent or both in the State of Farida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as regist agent. Lare furnisher with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURI  State of the provisions of Sections 607.0505, Florida Statules.  SIGNATURI  STATE OF FICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TIPLE  DPS  LEE, DENNIS G  SHELL ZURIES  SHELL ZURIES  SHELL ZURIES  GAINESVILLE, FL 00000  14. 607Y-S1-ZIP  DELETE  13. STREEL ADDRESS  GAINESVILLE, FL 00000  14. 607Y-S1-ZIP  DELETE  33. TIPLE  Change  CHAPMAN, LISA S.  412. NE. 16TH AVE.  GAINESVILLE, FL 00000  24. 607Y-S1-ZIP  DELETE  33. ANAME  CHAPMAN, LISA S.  412. NE. 16TH AVE.  33. STREEL ADDRESS  GUY-S1-ZIP  DELETE  41. TIPLE  CHAPMAN, LISA S.  412. NE. 16TH AVE.  33. STREEL ADDRESS  GUY-S1-ZIP  DELETE  41. TIPLE  CHAPMAN, LISA S.  412. NE. 16TH AVE.  33. STREEL ADDRESS  GUY-S1-ZIP  DELETE  44. TIPLE  CHAPMAN  43. SIRELT ADDRESS  GUY-S1-ZIP  DELETE  44. TIPLE  CHAPMAN  44. GUY-S1-ZIP  DELETE  55. TIPLE  CHAPMAN  14. AGUY-S1-ZIP  DELETE  55. TIPLE  CHAPMAN  14. AGUY-S1-ZIP  CHAPMAN  15. TIPLE  CHAPMAN  16. CHAPMAN  17. ST-ZIP  CHAPMAN  18. CHAPMAN  18. CHAPMAN  18. ADDITIONS/CHANGES HOR NERRORISH HAVE.  18. ADDITIONS/CHANGES HOR NERRORISH HAVE.  19. STREET ADDRESS  CHAPMAN  19. CHAP						83								7
11. Pursuant to the previsions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent or both, in the State of Forda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent in the familiar with, and accept the obligations of Section 607.0505, florida Statutes.  SIGNATURI  SIGNATURI  Date from 1, and probability with, and accept the obligations of Section 607.0505, florida Statutes.  SIGNATURI  DATE  12. OF LICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1911.  LEE, DENNIS G  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1911.  SIGNATURE LEE, DENNIS G  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1911.  SIGNATURE LEE, DENNIS G  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1911.  Change Cannes VILLE FL 00000  14. DITY-S1-ZIP  NAME  LEE, CARIDAD  22. NAME  SIRELE ADDRESS  GAINESVILLE, FL 00000  24. CITY-S1-ZIP  AS  CHAPMAN, LISA S.  22. NAME  CHAPMAN, LISA S.  412. NE. 16TH AVE.  33. STREET ADDRESS  CHAPMAN, LISA S.  412. NE. 16TH AVE.  33. STREET ADDRESS  CHAPMAN, LISA S.  412. NE. 16TH AVE.  33. STREET ADDRESS  CHAPMAN, LISA S.  412. NE. 16TH AVE.  34. CITY-S1-ZIP  DELETE  34. CITY-S1-ZIP  Change C.  Change						84	City				Fi '	35 Zip (	Code	-
SIGNATURE   Start comb, and despined distance of regulated language and least Principle and Signature (required whom reinstating)   DATE	l olfice or n	egistered agent, or both, in the State	of Florida	a. Such change was	authorize	d by	the corpor	rporation's	on submits this statement fo board of directors. I hereby	r the purp accept the	page of ch	anging its tment as	s registered registered	1
12.	[					_								
Delete   D	12.					Age	int signature rec					RECTOR	S IN 12	1
STREET ADDRESS   CITY - ST - ZIP	TITLE	· = -		DELETE	117	ITLE	T					Change	Addition	١
CITY-ST-ZIP	}						4D0DEGG							100
NAME   LEE, CARIDAD   2 2 NAME	1													
STREET ADDRESS   CITY - ST - 74    Change   Chapman, LISA S.   CITY - ST - 74    Change   Chapman, LISA S.   CITY - ST - 74    Change   City - ST - 74    City - 74		VAS		DELETE				****				Change	Addition	1
CHY-S1-7P	1 1						Annosce							Ì
DELETE   3 1 TITLE   Change   DELETE   3 1 TITLE   Change   DELETE   3 2 NAME   STREET ADDRESS   412 N.E. 16TH AVE.   33 STREET ADDRESS   DELETE   3.4. CITY - ST - ZIP   DELETE   4.1 TITLE   Change   DELETE   4.2 NAME   CITY - ST - ZIP   DELETE   4.3 STREET ADDRESS   CITY - ST - ZIP   DELETE   DELETE   5.1 TITLE   DELETE	l i				1		1			3 I		_		
STREET ADDRESS	1.101	AS	"	DELETE	317	ITLE	-					Change	Addition	
COLY STATE   GAINESVILLE FL   3.4 CITY-ST-ZIP     TITLE	1 1						Annarce							
NAME	1 1						i i							
STREET ADDRESS   4.3 STREET ADDRESS	TITLE		,	DELETE								Change	Addition Addition	רַי
CITY - ST - 709	1				•		ADDRECC							-
THUF DELETE 5.1 TITLE Change	1													
				DELETE	5.1 T	ITLE						Change	Addition	ī
1 SBR1 (AUDRESS I							Approc							
CHY-SI ZIF	] j													
	P			DELETE								Change	Addition	;
NAME 6.2 NAME	1				1									
STREET ADDRESS  CITY STARP  6.4 CITY - STARP  6.4 CITY - STARP														

14. Les lereby 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 edicated 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:

SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

2/21/47

352334 1971

**FILED**