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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 580347 (3)

1. Corporation Name  
UNION PROPERTIES, INC.



Principal Place of Business  
4428 SW 35TH TERRACE  
GAINESVILLE FL 32608

Mailing Address  
4428 SW 35TH TERRACE  
GAINESVILLE FL 32608-6535

3. Date Incorporated or Qualified 07/26/1978	3a. Date of Last Report 07/03/1996
4. FEI Number 59-1836336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SALTER, JAMES D  
703 NE 1ST STREET  
GAINESVILLE FL

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	MILLER, CYNTHIA G	12 NAME	
STREET ADDRESS	4428 SW 35TH TERRACE	13 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	14 CITY - ST - ZIP	
TITLE	TD	21 TITLE	
NAME	SALTER, JAMES D	22 NAME	
STREET ADDRESS	703 NE 1ST ST	23 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 00000	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	
NAME	ROBERTS, ARCH W.	32 NAME	
STREET ADDRESS	4428 SW 35TH TERR	33 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	34 CITY - ST - ZIP	
TITLE	S	41 TITLE	
NAME	BERGMAN, SPICER L	42 NAME	
STREET ADDRESS	502 SW 34TH ST. #11	43 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32608	44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: Cynthia G. Miller DATE: 2-14-97 DAYTIME PHONE: 352-373-7575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)