FILE NOW: FILING FEE IS $61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90130 023 ****61.25

0011538

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736826

1. Corporation Name
KANAPAHA MAINTENANCE, INC.

Principal Place of Business	Mailing Address
5745 SW 75TH ST SUITE 126 GAINESVILLE FL 32608	5745 SW 75TH ST SUITE 126 GAINESVILLE FL 32608

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 09/16/1976

4. FEI Number: 59-1729409 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~RICHARDS, SUSAN~~
5745 SW 75TH ST
SUITE 126
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name: ISABEL D. WOLF
82 Street Address (P.O. Box Number is Not Acceptable): SAME ADDRESS
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Isabel D. Wolf — Isabel D. Wolf, Secretary — 2/27/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DOBSON, LARRY 7012 SW 97 LANE GAINESVILLE FL 32608	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DT HECKER, EMIL 10118 SW 67 DRIVE GAINESVILLE, FL 32608 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOVITZ, TRACEY 9316 SW 67 DR. GAINESVILLE FL 32608	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DS WOLF, ISABEL 7108 SW 97 LANE GAINESVILLE, FL 32608 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RICHARDS, SUSAN 9603 SW 75 ST. GAINESVILLE FL 32608	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D KRONE, CARRIE 7002 SW 97 LANE GAINESVILLE, FL 32608 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TOLMACH, BOB 10011 S.W. 67TH DR GAINESVILLE FL 32608	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D MONROE, STEPHEN 8909 SW 75 STREET GAINESVILLE, FL 32608 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP PALMER, CHARLIE 10111 SW 67TH DR. GAINESVILLE FL 32608	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILL, RONALD 7011 SW 97TH LANE GAINESVILLE FL 32608	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Isabel D. Wolf SIGNATURE REQUIRED — Isabel D. Wolf — 2/27/99 — (352)-371-0268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #