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**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **750545** (6)
1. Corporation Name
GAINESVILLE, JAYCEES INC.



Principal Place of Business: P.O. BOX 1617, GAINESVILLE FL 32602-1617
Mailing Address: P.O. BOX 1617, GAINESVILLE FL 32602-1617

3. Date Incorporated or Qualified: **01/09/1980**
4. FEI Number: **59-2140511**
Applied For: 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**
7. Is this nonprofit corporation a homeowners' association?
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24): Suite, Apt. #, etc., City & State, Zip, Country
2a. Mailing Address (25-28): Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent
**WALKER, S. SCOTT, ESQ.
527 E. UNIVERSITY AVE.
GAINESVILLE FL 32601**

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 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	ARICK, MIKE	1.2 NAME	John Islam
STREET ADDRESS	620 NW 16TH AVE.	1.3 STREET ADDRESS	P.O. Box 1617
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville FL 32602
TITLE	T	2.1 TITLE	VP
NAME	MUTTO, E. JAY	2.2 NAME	John Thompson
STREET ADDRESS	620 NW 16TH AVE.	2.3 STREET ADDRESS	P.O. Box 1617
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville FL 32602
TITLE	T	3.1 TITLE	VP
NAME	JOYNER, STEFANI	3.2 NAME	Reed Palster
STREET ADDRESS	633 NW 8TH AVE.	3.3 STREET ADDRESS	P.O. Box 1617
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville FL 32602
TITLE	P	4.1 TITLE	VP
NAME	SKELTON, SUSAN	4.2 NAME	Laura Gillman
STREET ADDRESS	5313 NW 33RD PLACE	4.3 STREET ADDRESS	455 NW 8th Ave.
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	D	5.1 TITLE	VP
NAME	WALKER, BRYAN	5.2 NAME	John Islam
STREET ADDRESS	5480 NW 30TH DRIVE	5.3 STREET ADDRESS	4019 NW 23rd Dr.
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	VP	6.1 TITLE	VP
NAME	John Islam	6.2 NAME	Martin Solason
STREET ADDRESS	P.O. Box 1617	6.3 STREET ADDRESS	5001 NW 60th Court
CITY-ST-ZIP	Gainesville FL 32602	6.4 CITY-ST-ZIP	Gainesville, FL 32653

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.

SIGNATURE: *Stefanie L. Joyner* DATE: *2/22/98* DAYTIME PHONE: *352-372-5358*

CFR037 (10/97)