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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
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DOCUMENT # 750545 (6)

1. Corporation Name

GAINESVILLE, JAYCEES INC.

Principal Place of Business

Mailing Address

P.O. BOX 1617
GAINESVILLE FL 32602-1617

P.O. BOX 1617
GAINESVILLE FL 32602-1617

3. Date Incorporated or Qualified

01/09/1980

4. FEI Number

59-2140511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, S. SCOTT, ESQ.
527 E. UNIVERSITY AVE.
GAINESVILLE FL 32601

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
ARICK, MIKE
620 NW 16TH AVE.
GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
MUTTO, E. JAY
620 NW 16TH AVE.
GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
JOYNER, STEFANI
633 NW 8TH AVE.
GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SKELTON, SUSAN
5313 NW 33RD PLACE
GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WALKER, BRYAN
5460 NW 30TH DRIVE
GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~VP~~
~~ARICK, MIKE~~
~~620 NW 16TH AVE.~~
~~GAINESVILLE FL~~

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

~~VP~~
~~John Islam~~
~~P.O. Box 1017~~
~~Gainesville, FL 32602~~

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

~~VP~~
~~John Thompson~~
~~P.O. Box 1017~~
~~Gainesville, FL 32602~~

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

~~VP~~
~~Paul Palmer~~
~~P.O. Box 1017~~
~~Gainesville, FL 32602~~

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

~~VP~~
~~Laura Gillman~~
~~633 NW 8TH AVE.~~
~~Gainesville, FL 32601~~

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

~~VP~~
~~Jeff Islam~~
~~4019 NW 23RD DR.~~
~~Gainesville, FL 32605~~

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

~~VP~~
~~Martin Solason~~
~~5001 NW 60TH COURT~~
~~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 Stefanie L. Joyner 2/22/98 352372-5358
Date Daytime Phone # 0010738

CP2E037 (10/97)