

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 PM 3:17

DOCUMENT # **769025** (8)

1. Corporation Name

**NEW HORIZONS PROPERTIES, INC.**

Principal Place of Business

Mailing Address

4300 SW 13TH ST.  
GAINESVILLE FL 32608-4099

4300 SW 13TH ST.  
GAINESVILLE FL 32608-4099

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/20/1983** 3a. Date of Last Report **02/11/1994**  
4. FEI Number **59-2318762** Applied For   
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STARR, DOUGLAS L.**  
4300 SW 13TH ST.  
GAINESVILLE FL 32608

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

Signature, typed or printed name of registered agent and (2) if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEBOLT, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>12207 NW 39TH AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMOND, LUTHER</b>	2.2 NAME	
STREET ADDRESS	<b>1018 S.W. 25TH PLACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STARR, DOUGLAS L.</b>	3.2 NAME	
STREET ADDRESS	<b>601 N.W. 39TH ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASON, LILLIAN</b>	4.2 NAME	
STREET ADDRESS	<b>206 GWEN LAKE BLVD.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE CITY FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUZUKI, TETSUKO F</b>	5.2 NAME	
STREET ADDRESS	<b>4331 NW 20TH PL</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE, F</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLONIMSKY, ROBIN M.</b>	6.2 NAME	
STREET ADDRESS	<b>3440 SW 28TH TERRACE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*D. L. Starr*

**Douglas L. Starr**

*3/24/95*

**(904) 374-5670**

Signature and typed or printed name of business officer or director

Date

Telephone Number