FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
May 23 1997 8:00am
Secretary of State

DOCUMENT # **F05166** **(6)**

1. **DE LONG & ASSOCIATES, INC.**

[redacted]

Principal Place of Business	Mailing Address
4607 NW 6 STR STE F GAINESVILLE FL 32609 US	4607 NW 6 STR STE F GAINESVILLE FL 32609-1783 US

3. Date Incorporated or Qualified: **11/12/1980**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business
21
2a. Mailing Address
26
4. FEI Number: **59-2869294** ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 State 25 Zip
29 Zip 30 County
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DELONG, GREGORY V
2019 NW 7TH TERR
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 6020 LAKE SHORE DRIVE
83
84 City: GAINESVILLE FL 85 Zip Code: 32641

11. Pursuant to the provisions of section(s) 607.1803 and 607.1509, 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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
(NOTE: Required if changing registered agent or registered office)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTS	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME: DELONG, GREGORY V.		13.2 NAME	
STREET ADDRESS: 2019 NW 7TH TERRACE		13.3 STREET ADDRESS	
CITY-ST-ZIP: GAINESVILLE FL		13.4 CITY-ST-ZIP	
TITLE	☐ DELETE	23.1 TITLE	☐ Change ☐ Addition
NAME		23.2 NAME	
STREET ADDRESS		23.3 STREET ADDRESS	
CITY-ST-ZIP		23.4 CITY-ST-ZIP	
TITLE	☐ DELETE	33.1 TITLE	☐ Change ☐ Addition
NAME		33.2 NAME	
STREET ADDRESS		33.3 STREET ADDRESS	
CITY-ST-ZIP		33.4 CITY-ST-ZIP	
TITLE	☐ DELETE	43.1 TITLE	☐ Change ☐ Addition
NAME		43.2 NAME	
STREET ADDRESS		43.3 STREET ADDRESS	
CITY-ST-ZIP		43.4 CITY-ST-ZIP	
TITLE	☐ DELETE	53.1 TITLE	☐ Change ☐ Addition
NAME		53.2 NAME	
STREET ADDRESS		53.3 STREET ADDRESS	
CITY-ST-ZIP		53.4 CITY-ST-ZIP	
TITLE	☐ DELETE	63.1 TITLE	☐ Change ☐ Addition
NAME		63.2 NAME	
STREET ADDRESS		63.3 STREET ADDRESS	
CITY-ST-ZIP		63.4 CITY-ST-ZIP	

APPROVED BY 1/3/97
DATE PAID 1/3/97
CHECK NO. 5947
AMOUNT 165.00
CODE(S) 71075

5/23/97

900002202819
-06/05/97--01055--015
***165.00

CR2E034 (9/96)

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: Gregory V. De Long 1-3-97

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — WHO OFFICER OR DIRECTOR — Date — Daytime Phone # 352: 378.0943