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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:08

DOCUMENT # F55895

(9)

1. Corporation Name

NORTH FLORIDA ASSOCIATES, INC.

Principal Place of Business

6628 NW 9TH BLVD
GAINESVILLE FL 32605

Mailing Address

6628 NW 9TH BLVD
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/24/1981

3a. Date of Last Report
01/19/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-2140534

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

24

Zip

Country

28

Zip

Country

9. Name and Address of Current Registered Agent

SHAW, CHARLES H.
6820 NW 11TH PLACE
GAINESVILLE FL 32605

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 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 title if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ASHLEY, ROBERT
6800 NW 9TH BLVD.
GAINESVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

THOBURN, ROBERT
1130 NW 64TH TERR.
GAINESVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

KRAMER, DEAN
6628 N.W. 9TH BLVD.
GAINESVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SDT

SHAW, CHARLES H.
6820 NW 11TH PLACE
GAINESVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

GROOMS, GARY
6820 N.W. 9TH BLVD.
GAINESVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or (Block 13) if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/95 904 331-6736
Date (Day/Mo/Yr)