## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # F55895** (9)NORTH FLORIDA ASSOCIATES, INC. Principal Place of Business Mailing Address 6628 NW 9TH BEVD 6628 NW 9TH BLVD GAINESVALLE FL 32605 GAINESVILLE FL 32605-4207 3. Date Incorporated or Qualified 3a. Date of Last Report 11/24/1981 02/07/1996 2a. Mailing Address 2. Principal Prace of Business 4. FEI Number Applied For 6400 Newberry RD. 640c Newber 59-2140534 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Suite 202 Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be Gainerville. FL Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHAW, CHARLES H. 6820 NW 11TH PLACE Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32605** 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signative typed or perfect name of registers dialyent and fite. Expressible 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) \_\_\_ DELETÉ Change 1964 1.1 TITLE ASHLEY, ROBERT NAME 1.2 NAME 6800 NW 9TH BLVD. STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** 1.4 CITY - ST - ZIP CHY-ST-ZIE \_\_\_ Addition DELETE Change Change TITLE VD. 2.1 TITLE THOBURN, ROBERT 2.2 NAME NAME 6440 Newberry Rd Gainesville, Fl 32605 1130 NW 64TH TERR. 2.3 STREET ADDRESS STREET ADORESS GAINESVILLE FL 2. 4 CITY - ST - ZIP CHY-SI-ZIE Addition DELETE TITLE 3.1 TITLE KRAMER, DEAN 6400 Newberry Road, Suilo 202 Gaines ville FL. 32605 3.2 NAME NAME 6628 N.W. 9TH BLVD. <del>9.9 ST</del>REE ADDRESS STREET ADDRESS **GAINESVILLE FL** ALTY-SI-7P CITY-ST-ZIF Addition DELETE TITLE 4.1 TITLE SHAW, CHARLES H. NAME 4.2 NAME 6820 NW 11TH PLACE STREET ADDRESS 4.3 STREET ADDRESS **GAINESVILLE FL** City - S7 - 7iP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE GROOMS, GARY 5.2 NAME NAME - 1201 NW 64 Tem Gainesuille, FL 32605 6628 N.W. 9TH BLVD. STREET ADDRESS 5.3 STREET ADDRESS **GAINESVILLE FL** OITY-ST-ZiP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE THILE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. I do nereby certify that the information supplied with this fifing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inclicated on this annual report or supplient colar natural 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 requirer or fluster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Lam an officer or director of the corporation or the re-appears in Block 12 or Block 13 if changed, or on an

C/TY - ST - 7/P

SIGNATURE AND TYPED OR PRIN

FILED

Jan 23 1997 8:00am

Secretary of State