## 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

DOCUMENT #

Principal Place of Business

F83555

(5)

Mailing Address

EXIT INFORMATION GUIDE, INC.

FILED Apr 22 1997 8:00am Secretary of State



% George Wilson McKinney 4205 NW 6TH 8T Gainesville FL 32609		% George Wilson McKinney 4205 NW 6th St Gainesville FL 32609-1747			3. Date incorporated or Qualified	3a. Date of	Last Repor	rl	
						06/01/1982	05/01/1	996	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applie	d For
21		26				59-2194765		Not Ap	plicable
Suite, Apt	#, elp	Suite, Apt. #, etc.				6. Certificate of Status Desired	□ \$8	.75 Addi	tional
27						b. Certificate of Status Desired	<u></u>	Fee Requir	ed
City & State	е	City & State				6. Election Campaign Financing	\$	5.00 May	v Be
23		28				Trust Fund Contribution		kided to Fe	008
Zφ	Country	Zip	Coun	try		8. This corporation has liability for in	ntangible tax u	nder s. 199	9.032,
24	25	29	30			Florida Statutes	Yes 🔲 No		
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Reg	gistered Agen	1	
MCI	KINNEY, GEORGE WILSON			31 N	ame				
	5 N.W. 6TH STREET		ļ.,	32 St	ennt Adde	ress (P.O. Box Number is Not Acceptab	la)		
	NESVILLE FL 32809			32 31	reel Aooi	ress (P.O. Box Number is Not Acceptab	16)		
GP.	NEGVICEL I L 32008		i t	33				***************************************	
			L						
			1	34 C	ty		FL 85	Zip Code	e
44 15	to the promiser of Continue CO7 DED	0 and 607 1500 Florida Ptat				poration submits this statement for the p		l line ite se	mintoros
office or r agent. La	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida Such change was ations of, Section 607,0505, I	authorized Florida Statu	by the tes.	corporat	tion's board of directors. I hereby accep	t the appointm	ent as regi	istered
SIGNATURE	Stgrature, typed or printed name of registered ager	nt and title if applicable (NK	OTE: Registered	Agent sig	nature requir	red when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	CTORS IN	V 12
THILE	PD	DELETE	1.1 7011	E				hange	Addition
NAME	MCKINNEY, GEORGE WILSON	f	1.2 NA	#E					
STREET ADDRESS	4205 NW 6TH ST	•	1357	EET ADD	8 <b>5</b> 55				
CITY-ST-ZIP	GAINESVILLE, FL 00000				- 1				
Title	D	DELETE	2.1 T(T)	r - ST - ZII				hange L	Additio
ţ	· -	L_J DEEL IN	2.2 NA		- 1			intride f	
NAME	GOCEK, DON A				neac				
STREET ADDRESS	4205 NW 6TH ST			EET ADD	1				
City-St Zii	GAINESVILLE FL	DELETE		Y-\$1-ZI	P			hance	Lidalija
TIME	D	T" DETER	3.1 TITU				ш	change L	Additio
NAMI	DYKES, JOHN		3 2 NA						
STREET ADDRESS	4205 NW 6TH ST		3 3 STR	EET ADD	RESS				
CHY ST ZIP	GAINESVILLE FL			Y-\$1-Z	P			·	
TELE	D	☐ DELETE	4.1 THT	.E	ı		□ (	Change	Addition
NAME	MULLINAX, JEFFREY		4. 2 NA	ME					
STRUCT ADDRESS	11100001001				ı				
	4205 NW 6TH ST		4.3 STR	EET ADD	RESS				
C:TY+ST_ZIP				eet add (-st-zii	- 1				
CHY-ST ZIP TITLE	4205 NW 6TH ST	☐ DELETE		(-ST-ZI	- 1			hange	Addition
	4205 NW 6TH ST GAINESVILLE FL	DELETE	4.4 CIT	(-ST-ZIF E	- 1			hange _	Addition
THE	4205 NW 6TH ST GAINESVILLE FL STD CROWN, MARY ANN	DELETE	4.4 CIT 5.1 TITI 5.2 NAI	(-ST-ZIF E	<u> </u>			hange	Addition
TOTLE NAME STREET ADDRESS	4205 NW 6TH ST GAINESVILLE FL STD CROWN, MARY ANN 4205 NW 6TH ST	DELETE	4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF	(-st-zif e Me Eet add	RESS			han <b>ge</b>	Addition
DITLE NAME STREET ADDRESS CITY: \$1-7IP	4205 NW 6TH ST GAINESVILLE FL STD CROWN, MARY ANN 4205 NW 6TH ST GAINESVILLE FL		4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT	y-st-zif e Me Eet add Y-st-zii	RESS				
TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE	4205 NW 6TH ST GAINESVILLE FL STD CROWN, MARY ANN 4205 NW 6TH ST GAINESVILLE FL D	DELETE	4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6 1 TITI	y-st-zif e Me Eet add y-st-zii e	RESS				
DITLE NAME STREET ADDRESS COTY-SI-ZIP TITLE NAME	4205 NW 6TH ST GAINESVILLE FL STD CROWN, MARY ANN 4205 NW 6TH ST GAINESVILLE FL D LYONS, RICKY L		4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI	Y-ST-ZIF E Me EET ADD Y-ST-ZII E	RESS				Addition  Addition
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4. 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 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** 

ONATURE AND TYPED OR SHINTED NAME OF SIGNING OFFICER OR DIRECTOR

C/JE2, W 4/18/97 352-311 394