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FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F83555

(5)

1. Corporation Name

EXIT INFORMATION GUIDE, INC.



Principal Place of Business

% GEORGE WILSON MCKINNEY
4205 NW 6TH ST
GAINESVILLE FL 32609

Mailing Address

% GEORGE WILSON MCKINNEY
4205 NW 6TH ST
GAINESVILLE FL 32609-1747

3. Date Incorporated or Qualified

06/01/1982

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2194765

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINNEY, GEORGE WILSON
4205 N.W. 6TH STREET
GAINESVILLE FL 32609

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MCKINNEY, GEORGE WILSON
STREET ADDRESS 4205 NW 6TH ST
CITY- ST- ZIP GAINESVILLE, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GOCEK, DON A
STREET ADDRESS 4205 NW 6TH ST
CITY- ST- ZIP GAINESVILLE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DYKES, JOHN
STREET ADDRESS 4205 NW 6TH ST
CITY- ST- ZIP GAINESVILLE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MULLINAX, JEFFREY
STREET ADDRESS 4205 NW 6TH ST
CITY- ST- ZIP GAINESVILLE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME CROWN, MARY ANN
STREET ADDRESS 4205 NW 6TH ST
CITY- ST- ZIP GAINESVILLE FL

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LYONS, RICKY L
STREET ADDRESS 4205 NW 6TH ST
CITY- ST- ZIP GAINESVILLE FL

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)