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May 09 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 # F95000004227 (3)

1. Corporation Name

FT GAINESVILLE PARTNERS, INC.

Principal Place of Business

4830 NW 43RD ST. O-238
GAINESVILLE FL 32606

Mailing Address

4830 NW 43RD ST. O-238
GAINESVILLE FL 32606-4401

3. Date Incorporated or Qualified
08/31/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 116 SE 1st St.
Gainesville, FL 32601

Suite, Apt. #, etc.

22 City & State

23 Gainesville, FL

Zip

24 32601

Country

25 USA

2a. Mailing Address

26 116 SE 1st St.
Gainesville, FL 32601

Suite, Apt. #, etc.

27 City & State

28 Gainesville, FL

Zip

29 32601

Country

30 USA

4. FEI Number

56-1936558

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

9. Name and Address of Current Registered Agent

CAIN, PATRICK E.
4830 NW 43RD STREET; O-238
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

Patrick E. Cain

82 Street Address (P.O. Box Number is Not Acceptable)

116 SE 1st St.

83

84 City

Gainesville

FL

85 Zip Code

32601

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CPT	CAIN, PATRICK E	4830 NW 43RD ST, O-238	GAINESVILLE FL 32606
VCVS	CAIN, SARAH C	4830 NW 43RD ST, O-238	GAINESVILLE FL 32606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP

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:

Patrick E. Cain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97
Date

(352) 375-3466
Daytime Phone #

CR2E034 (9/96)