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FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G88400** (8)

1. Corporation Name  
**TRI-CITY OAKS, INC.**

Principal Place of Business

Mailing Address

PO BOX 610  
ALACHUA FL 32615  
US

PO BOX 610  
ALACHUA FL 32615  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1984

4. FEI Number

59-2422283

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLEN, JOHN L.  
11504 NW 136TH ST  
GAINESVILLE FL 32615

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 *John L. Mullen*  
Signature, typed or printed name of registrant is signed and filed (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
D MULLEN, JOHN L.  
STREET ADDRESS  
2727 NW 43RD STREET  
CITY - ST - ZIP  
GAINESVILLE FL

TITLE ☐ DELETE

NAME  
D NESMITH, M. ARTHUR, JR.  
STREET ADDRESS  
8400 SW 24TH AVENUE  
CITY - ST - ZIP  
GAINESVILLE FL

TITLE ☐ DELETE

NAME  
D GOLDFADEN, STEPHEN L.  
STREET ADDRESS  
1905 NW 13TH STREET  
CITY - ST - ZIP  
GAINESVILLE FL

TITLE ☐ DELETE

NAME  
D CASSISI, ELAYNE E.  
STREET ADDRESS  
3105 SW 5TH COURT  
CITY - ST - ZIP  
GAINESVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

14. I 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: *John L. Mullen*

4/21/98

(904) 962-2245

CR2E034 (10/97)