FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Jan 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J57477 (8) JC OF GAINESVILLE, INC. Principal Place of Business Mailing Address % KEITH CRAIG P.O. BOX 53 6100 NW 58TH PLACE GAINESVILLE FL 32602 GAINESVILLE FL 32606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2873300 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zio Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CRAIG, KEITH 6100 NW 58TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32606 83 City Zip Code 85 FL 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition CRAIG, KEITH NAME 1.2 NAME 6100 NW 58TH PLACE STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE CRAIG, EUGENE NAME 2.2 NAME 6100 NW 58TH PLACE 2.3 STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CRAIG, BRIAN D NAME 920 SW 79TH TERRACE STREET ADDRESS 3.3 STREET ADDRESS GAINESVILLE FL 32602 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE __ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 trugtee 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, grant an attaphyent with an address.

STREET ADDRESS

SIGNATURE:

CR2E034