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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT #

1. Corporation Name

B.T.O. OF ALACHUA COUNTY, INC.

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2. Principal Place of Business 21	7/1995 Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees der s. 199.032,
MELROSE FL 32666 US  MELROSE FL 32666 US  3. Date Incorporated or Qualified 10/27/1987  4. FEI Number 59-2852491  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  3. Date Incorporated or Qualified 10/8/1  5. Certificate of Status Desired   Status St	7/1995 Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees der s. 199.032,
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified 10/27/1987  4. FEI Number 59-2852491  5. Certificate of Status Desired 559-2852491  5. This corporation has liability for intangible tax unerplaced 559 and 569-2859 and 569	7/1995 Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees der s. 199.032,
22 Suite, Apt. #, etc.  Suite,	Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees der s 199.032,
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	Fee Required 5.00 May Be Added to Fees der s 199.032,
City & State  City & State  28  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Signature, traced or prated roung of registering agent and till if application.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Registered Agent  Signature, traced or prated-frame of registerion and till if application.  City & State  City & State  Country  Recountry  Registered Agent  Signature, traced or prated-frame of registerion and till if application.  (Note: Registered Agent agents of Agent signature, traced or prated-frame of registerion and till if application.  (Note: Registered Agent agents or Applications of Sections Confidence agent and till if application.  (Note: Registered Agent signature required when renateting)  DATE  Signature, traced or prated-frame of registerious agent and till if application.  (Note: Registered Agent signature required when renateting)  DATE  11. PUTSUANT LOTE Agent and Address of Country  Registered Agent signature required when renateting)  DATE  Signature, traced or prated-frame of registered agent and till if application.  (Note: Registered Agent signature required when renateting)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Added to Fees der s 199.032,
Zip Country Zip Country Sip Country B. This corporation has liability for intangible tax und Florida Statutes Size Size Incompared to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the of ligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed rame of registered agent and the interprotected. (NOTE Registered Agent signature required when reinstating):  DATE  Signature, typed or printed rame of registered agent and the interprotected. (NOTE Registered Agent signature required when reinstating):  DATE  Signature, typed or printed rame of registered agent and the interprotected. (NOTE Registered Agent signature required when reinstating):  DATE  Signature, typed or printed rame of registered agent and the interprotected. (NOTE Registered Agent signature required when reinstating):  DATE  Signature, typed or printed rame of registered agent and the interprotected. (NOTE Registered Agent signature required when reinstating):  DATE  Signature, typed or printed rame of registered agent and the interprotected. (NOTE Registered Agent signature required when reinstating):  DATE	
9. Name and Address of Current Registered Agent  VAN DUYNE, PETER RT 2, BOX 2075 MELROSE FL 32666  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 or registered agent, or both, in the State of Florida. Stuch change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the of ligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and the interprotected. (NOTE: Registered Agent signature regulated when reinstating):  DATE  SIGNATURE Signature, typed or printed name of registered agent and the interprotected. (NOTE: Registered Agent signature regulated when reinstating):  DATE  SIGNATURE Signature, typed or printed name of registered agent and the interprotected. (NOTE: Registered Agent signature regulated when reinstating):  DATE  SIGNATURE Signature, typed or printed name of registered agent and the interprotected. (NOTE: Registered Agent signature regulated when reinstating):  DATE  SIGNATURE Signature, typed or printed name of registered agent and the interprotected. (NOTE: Registered Agent signature regulated when reinstating):  DATE  SIGNATURE Signature, typed or printed name of registered agent and the interprotected. (NOTE: Registered Agent signature regulated when reinstating):  DATE  SIGNATURE Signature, typed or printed name of registered agent and the interprotected. (NOTE: Registered Agent signature regulated when reinstating):  ADDITIONS/CHANGES TO OFFICERS AND DIRE	<u> </u>
VAN DUYNE, PETER RT 2, BOX 2075 MELROSE FL 32666  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL  85  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 changin 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 accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE Signature, typed or printed rame of registence agent and the life application. (NOTE: Registered Agent signature regulated when reinstating):  DATE Signature, typed or printed rame of registence agent and the life application.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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Signature, typed or printed range of regeneric agent and the inapplication (NOTE: Hagesteren Agent signature) when religious when religious and printed and the printed in	noroo agana rom
12. Officerovate officerories	E CTODE IN 10
TITLE   D	idigo [] rissioni
NAME VAN DUYNE, PETER 1.2 NAME STREEL ADDRESS RT 2, BOX 2075 1.3 STREEL ADDRESS	
MEI DOGE EL	
CITY-ST-ZIP MECHOSC Y L TITLE S DELETE 2 1 DILE DELETE DELETE	hange 🔲 Addition
NAME VAN DUYNE, WENDY 22 NAME	
STREET ADDRESS ROUTE 2, BOX 2075	
CITY ST ZIP MELROSE FL 24 CITY - ST - ZIP	
TITLE DELETE 3.1 TITLE	hange Addition
NAME 32 NAME	
STREET ADDRESS 3.3. STREET ADDRESS	
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supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under receiver dy trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name then with an address certify that the information indicated on this annual report or cath; that I am an officer or director of the corporation of the appears in Block 12 or Block 13 if changed

SIGNATURE:

TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

352-338-6261

CR2E034 (12/95)