

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K09198 (8)

1. Corporation Name

GAINESVILLE MANAGEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

~~1026 SW 2ND AVE~~
920 SW 1ST AVE
GAINESVILLE FL 32601
US

1026 SW 2ND AVE
GAINESVILLE FL 32601
US

3. Date Incorporated or Qualified
12/22/1987

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 920 SW 1ST AVE.

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Gainesville, FL

28

Zip

Country

Zip

Country

24 32601

25

USA

29

30

4. FEI Number

59-2863329

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

10. Name and Address of New Registered Agent

JOHNSON, JAMES A
1026 SW 2ND AVE
GAINESVILLE FL 32601

81 Name

Preston R. Lotz

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

1026 SW 2nd Ave.

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]

Preston R. Lotz, President

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input type="checkbox"/> DELETE
NAME	PATLOVICH, MARK F	
STREET ADDRESS	1026 SW 2ND AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VP Pres.	<input type="checkbox"/> DELETE
NAME	LOTZ, PRESTON R.	
STREET ADDRESS	1026 SW 2ND AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARSHALL, JULIA K	
STREET ADDRESS	1026 SW 2ND AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAWKINS, W. THOMAS	
STREET ADDRESS	1026 SW 2ND AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	P-VP.	<input type="checkbox"/> DELETE
NAME	JOHNSON, JAMES A. III	
STREET ADDRESS	1026 SW 2ND AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHAHAN, JOHN S.	
STREET ADDRESS	1026 SW 2ND AVE	
CITY - ST - ZIP	GAINESVILLE FL	

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Samuel E. Brown	
1.3 STREET ADDRESS	1026 SW 2nd Ave	
1.4 CITY - ST - ZIP	Gainesville FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

(352) 376-9279

Date Daytime Phone

CR2E034 (12/95)