

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 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 # K09198 (8)

1. Corporation Name

GAINESVILLE MANAGEMENT SERVICES, INC.

Principal Place of Business

920 SW 1ST AVE
920 SW 1ST AVE
GAINESVILLE FL 32601
US

Mailing Address

1026 SW 2ND AVE
GAINESVILLE FL 32601-6166
US



2. Principal Place of Business

21 1026 SW 2nd Ave.

Suite, Apt. #, etc.

22 City & State

23 Gainesville, FL

Zip

24 32601

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 32601

Country

30 US

3. Date Incorporated or Qualified

12/22/1987

3a. Date of Last Report

04/25/1996

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

LOTZ, PRESTON R
1026 SW 2ND AVE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

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

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 VP ☐ DELETE

NAME BROWN, SAMUEL E
STREET ADDRESS 1026 SW 2ND AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE P ☐ DELETE

NAME LOTZ, PRESTON R.
STREET ADDRESS 1026 SW 2ND AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ DELETE

NAME MARSHALL, JULIA K
STREET ADDRESS 1026 SW 2ND AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ DELETE

NAME HAWKINS, W. THOMAS
STREET ADDRESS 1026 SW 2ND AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☒ DELETE

NAME JOHNSON, JAMES A. III
STREET ADDRESS 1026 SW 2ND AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ DELETE

NAME SHAHAN, JOHN S.
STREET ADDRESS 1026 SW 2ND AVE
CITY-ST-ZIP GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE sec. / Treas. ☐ Change ☒ Addition

1.2 NAME Patlovich, Mark F.
1.3 STREET ADDRESS 1026 SW 2nd Ave.
1.4 CITY-ST-ZIP Gainesville, FL 32601

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: X

Preston R. Lotz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

(352) 338-2171

Date

Daytime Phone #

CR2E034 (9/96)