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FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L19012 (8)
1. Corporation Name
C. L. BRICE, INC.

Principal Place of Business 5517 SW 69 TERR GAINESVILLE FL 32608 US	Mailing Address 5517 SW 69 TERR GAINESVILLE FL 32608 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1989	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-2978884	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent MILLER, DAVID M 5517 SW 69 TERR GAINESVILLE FL 32608				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DST
NAME	HICKS, ALISON L	1.2 NAME	COX, ALISON L
STREET ADDRESS	5517 SW 69 TERR	1.3 STREET ADDRESS	5517 SW 69 TERR
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VD	2.1 TITLE	
NAME	HICKS, THOMAS P., JR.	2.2 NAME	
STREET ADDRESS	5517 SW 69 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	DVP
NAME	BRICE, CARLA	3.2 NAME	BRICE, CARLA
STREET ADDRESS	5517 SW 69 TERR	3.3 STREET ADDRESS	5517 SW 69 TERR
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D	4.1 TITLE	
NAME	BRICE, HAZEL	4.2 NAME	
STREET ADDRESS	5517 SW 69 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	MILLER, DAVID M.	5.2 NAME	
STREET ADDRESS	5517 SW 69 TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	HICKS, STEPHANIE A	6.2 NAME	FERENCE, STEPHANIE A
STREET ADDRESS	5517 SW 69 TERR	6.3 STREET ADDRESS	5517 SW 69 TERR
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	GAINESVILLE FL

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: *David Miller* 4/16/98 (352) 372-7736

CR2E034 (10/97)