FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 7:02
1995 MAY
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **M90870** **(0)**

1. Corporation Name
FRIENDSHIP ENTERPRISES OF GAINESVILLE, INC.

700001492407
-05/17/95--01173--010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1734 S.E. HAWTHORNE ROAD P.O. BOX 5521 GAINESVILLE FL 33675-5521	1734 S.E. HAWTHORNE ROAD P.O. BOX 5521 GAINESVILLE FL 32602 US

3. Date Incorporated or Qualified: **07/26/1988**
3a. Date of Last Report: **08/03/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: **NOT APPLICABLE** ☐ 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

DAVIS, KENNETH S.
717 N.E. 1ST STREET
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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	CRUMPTON, WILLIE M.	12 NAME		
STREET ADDRESS	812 NW 4TH PLACE	13 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	HAWTHORNE, REMARD	22 NAME		
STREET ADDRESS	6911 NW 39TH PLACE	23 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, LUCILE K.	32 NAME		
STREET ADDRESS	730 NE 25TH STREET	33 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	34 CITY ST ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	MILLS, PATRICIA	42 NAME		
STREET ADDRESS	5815 NW 30TH TERRACE	43 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	DP	☐ Change ☐ Addition
NAME		62 NAME	5-1-95	
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Remard Hawthorne 4-27-95 904-372-9766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Remard Hawthorne

0411637 FP