

6-18-98 B 7963 NC  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **M90870** (0)  
1. Corporation Name  
**FRIENDSHIP ENTERPRISES OF GAINESVILLE, INC.**



Principal Place of Business  
**1734 S.E. HAWTHORNE ROAD  
P.O. BOX 5521  
GAINESVILLE FL 32675-5521**

Mailing Address  
**1734 S.E. HAWTHORNE ROAD  
P.O. BOX 5521  
GAINESVILLE FL 32602  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**07/26/1988**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

Signature typed or printed in one of the following spaces (Last line of signature)

(Not for Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD**  
NAME **CRUMPTON, WILLIE M.**  
STREET ADDRESS **812 NW 4TH PLACE**  
CITY-ST-ZIP **GAINESVILLE FL**

☐ DELETE

TITLE **D**  
NAME **BUTLER, ALVIN**  
STREET ADDRESS **801 NW 4TH ST**  
CITY-ST-ZIP **GAINESVILLE FL**

☐ DELETE

TITLE **D**  
NAME **WILLIAMS, LUCILE K.**  
STREET ADDRESS **730 NE 25TH STREET**  
CITY-ST-ZIP **GAINESVILLE FL**

☐ DELETE

TITLE **SD**  
NAME **MILLS, PATRICIA**  
STREET ADDRESS **5815 NW 30TH TERRACE**  
CITY-ST-ZIP **GAINESVILLE FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP ☐ Change ☐ Addition

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

CR2E034 (10/97)