FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N09130 (8)

1. Corporation Name
G-I-S HOUSING-HILLSBOROUGH, INC.

Principal Place of Business	Mailing Address
FREEDOM VILLAGE II 5002 S. BRIDGE ST. TAMPA FL 33611 US	10596 GANDY BLVD. NORTH (33702) P.O. BOX 14456 ST PETERSBURG FL 33733-1456

3. Date Incorporated or Qualified: 05/07/1985
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business	2a. Mailing Address
21	26 c/o R. Lee Waits
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO. Box 14456
City & State 23	City & State 28 St. Petersburg, FL
Zip 24 / Country 25	Zip 29 33733-4456 / Country 30

4. FEI Number: 59-2528701 ☐ 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

WAITS, R. LEE
10596 GANDY BLVD. NORTH
ST PETERSBURG FL 33733

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 617.0502 and 617.1508, 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 617.0503, 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRADLEY, JAMES P		1.2 NAME		
STREET ADDRESS	4701 NORTH HIMES AVDNUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MOORE, JADE		2.2 NAME	MILLS, BLAIR G.	
STREET ADDRESS	152 8TH AVENUE, S.W.		2.3 STREET ADDRESS	2455 LAKE POINT LANE	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	CLEARWATER, FL 34622	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, BETTY		3.2 NAME		
STREET ADDRESS	4880 LOCUST ST. NE #327		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WAITS, R., LEE		4.2 NAME		
STREET ADDRESS	10596 GANDY BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DONAHO, BARBARA A		5.2 NAME		
STREET ADDRESS	1200 7TH AVE NO		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ R. Lee Waits 01/19/96 813 576 3819 EXT 227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #