**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

**FILED**
**Apr 23, 1998 8:00 am**
**Secretary of State**

DOCUMENT # N12703 (7)

1. Corporation Name

DOWNTOWN ALLEYWAY COOPERATIVE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~% PAUL DOWNING~~<br>213 S ADAMS ST<br>TALLAHASSEE FL 32301 | ~~% PAUL DOWNING~~<br>213 S ADAMS ST<br>TALLAHASSEE FL 32301 |

3. Date Incorporated or Qualified: 12/20/1985

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 % Michael Gilliard | 26 % Michael Gilliard |
| Suite, Apt. #, etc.<br>22 2135. Adams | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Tallahassee, FL | City & State<br>28 |
| Zip / Country<br>24 32301 / 25 USA | Zip / Country<br>29 / 30 |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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 | 10. Name and Address of New Registered Agent |
|---|---|
| ~~DOWNING, PAUL~~<br>213 S ADAMS ST<br>TALLAHASSEE FL 32301 | 81 Name: Michael Gilliard<br>82 Street Address (P.O. Box Number is Not Acceptable):<br>83<br>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: Michael Gilliard
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DP | ☐ DELETE | 1.1 TITLE | DP | ☑ Change ☐ Addition |
| NAME | ~~DOWNING, PAUL~~ | | 1.2 NAME | GILLIARD, Michael | |
| STREET ADDRESS | 213 S ADAMS ST | | 1.3 STREET ADDRESS | 213 S. Adams | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 1.4 CITY-ST-ZIP | TALLAHASSEE | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WRIGHT, WILSON W | | 2.2 NAME | | |
| STREET ADDRESS | 217 S ADAMS ST | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☑ Change ☐ Addition |
| NAME | CRAWFORD, DOUG | | 3.2 NAME | | |
| STREET ADDRESS | ~~2125 MONROE ST~~ | | 3.3 STREET ADDRESS | 212 South Monroe | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☑ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ~~CHILES, LAWTON M III~~ | | 4.2 NAME | | |
| STREET ADDRESS | ~~314 N GADSDEN ST~~ | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~TALLAHASSEE FL~~ | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GAVALAS, NIC | | 5.2 NAME | | |
| STREET ADDRESS | 212 S MONROE ST | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BENTON, RICHARD | | 6.2 NAME | | |
| STREET ADDRESS | PO BOX 1833 N/A | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

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

**SIGNATURE:** Michael Gilliard REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007137