

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 # N27888 (9)

1. Corporation Name

3309 PALMETTO, INC.



Principal Place of Business

Mailing Address

**80 CONNER CREEK
ALACHUA FL 32615
US**

**119 TURKEY CREEK
ALACHUA FL 32615
US**

3. Date Incorporated or Qualified
08/16/1988

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 11417 PALMETTO BLVD

26 80 TURKEY CREEK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TURKEY CREEK

27

City & State

City & State

23 ALACHUA, FL

28 ALACHUA, FL

Zip

Country

Zip

Country

24 32615

25 ALACHUA

29 32615

30 ALACHUA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROHM, JAMES R
11417 PALMETTO DR
TURKEY CREEK
ALACHUA FL 32615**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **GLICKFIELD, WILLIAM**
STREET ADDRESS **119 TURKEY CREEK**
CITY-ST-ZIP **ALACHUA FL**

TITLE **ST** ☐ DELETE
NAME **ROHM, JAMES R**
STREET ADDRESS **80 TURKEY CREEK**
CITY-ST-ZIP **ALACHUA FL**

TITLE **VD** ☐ DELETE
NAME **GAYSO, JOHN**
STREET ADDRESS **11419 PALMETTO DR**
CITY-ST-ZIP **ALACHUA FL**

TITLE **D** ☒ DELETE
NAME **CAMPENELLA, LEWIS J**
STREET ADDRESS **140 THE KNOLL**
CITY-ST-ZIP **SYOSSET NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **ROHM, JAMES R.**
2.3 STREET ADDRESS **80 TURKEY CREEK**
2.4 CITY-ST-ZIP **ALACHUA, FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **ST** ☐ Change ☒ Addition
4.2 NAME **TAMISIN SCHULTE**
4.3 STREET ADDRESS **64 TURKEY CREEK**
4.4 CITY-ST-ZIP **ALACHUA, FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **MARTHA J. GREEN**
5.3 STREET ADDRESS **3047 SW 60TH PL.**
5.4 CITY-ST-ZIP **GAINESVILLE, FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-96 904-462-7013

CR2E037 (12/95)