

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 11417 PALMETTO BLVD TURKEY CREEK ALACHUA FL 32615 US	Mailing Address 80 TURKEY CREEK ALACHUA FL 32615-9569 US
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2. Principal Place of Business 21 11415 PALMETTO Suite, Apt. #, etc.	2a. Mailing Address 26 64 TURKEY CREEK Suite, Apt. #, etc.
City & State 23 ALACHUA, FL Zip 24 32615	City & State 28 ALACHUA, FL Zip 29 32615
Country 25 U.S.	Country 30 U.S.

3. Date Incorporated or Qualified 08/16/1988	3a. Date of Last Report 02/14/1996
4. FEI Number 59-2904601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROHM, JAMES R 11417 PALMETTO DR TURKEY CREEK ALACHUA FL 32615	
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10. Name and Address of New Registered Agent	
81 Name SAM W. BOONE, JR.	85 Zip Code 32601
82 Street Address (P.O. Box Number is Not Acceptable) 1330 NW 6th ST.	
83 Suite SUITE C	
84 City GAINESVILLE	85 State FL

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]* **1/17/97**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHULTE, TAMSIN	
STREET ADDRESS	64 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROHM, JAMES R	
STREET ADDRESS	80 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GAYSO, JOHN	
STREET ADDRESS	11419 PALMETTO DR	
CITY-ST-ZIP	ALACHUA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, MARTHA J	
STREET ADDRESS	3047 SW 60TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *[Signature]* **1/17/97** **59-2904601**

CR2E037 (9/96)