

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27888** (9)
1. Corporation Name
3309 PALMETTO, INC.



Principal Place of Business 11415 PALMETTO ALACHUA FL 32615 US	Mailing Address 64 TURKEY CREEK ALACHUA FL 32615 US
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3. Date Incorporated or Qualified 08/16/1988	
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BOONE, JR S W 1330 NW 6TH ST STE C GAINESVILLE FL 32601		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	STD
NAME	SCHULTE, TAMSIN	1.2 NAME	
STREET ADDRESS	64 TURKEY CREEK	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	ROHM, JAMES R	2.2 NAME	
STREET ADDRESS	80 TURKEY CREEK	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	GAYSO, JOHN	3.2 NAME	GARY FULKERSON
STREET ADDRESS	11419 PALMETTO DR	3.3 STREET ADDRESS	11419 PALMETTO BLVD.
CITY-ST-ZIP	ALACHUA FL	3.4 CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D	4.1 TITLE	D
NAME	GREEN, MARTHA J	4.2 NAME	MARTHA JANE GREEN
STREET ADDRESS	3047 SW 60TH PLACE	4.3 STREET ADDRESS	11413 PALMETTO BLVD
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	ALACHUA, FL 32615
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Tamsin Schulte* 2/5/98 904-48-1188

CP25037 (10/97)