

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90097 041 \*\*\*\*61.25

0011793

**DOCUMENT # N27888**

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**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**08/16/1988**

4. FEI Number

**59-2904601**

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

9. Name and Address of Current Registered Agent

**BOONE, JR S W  
1330 NW 6TH ST  
STE C  
GAINESVILLE FL 32601**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

**TITLE** STD  
**NAME** SCHULTE, TAMSIN  
**STREET ADDRESS** 64 TURKEY CREEK  
**CITY-ST-ZIP** ALACHUA FL

☒ DELETE

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

☐ DELETE

**TITLE** VD  
**NAME** FULKERSON, GARY  
**STREET ADDRESS** 11419 PALMETTO DR  
**CITY-ST-ZIP** ALACHUA FL 32615

☐ DELETE

**TITLE** D  
**NAME** GREEN, MARTHA J  
**STREET ADDRESS** 11413 PALMETTO BLVD.  
**CITY-ST-ZIP** ALACHUA FL 32615

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** D ☒ Change ☐ Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**2.1 TITLE** SD ☐ Change ☒ Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE** PD ☒ Change ☐ Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**4.1 TITLE** TD ☒ Change ☐ Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition

**6.2 NAME**

**6.3 STREET ADDRESS**

**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, with all other like empowered.

SIGNATURE:

*Mary J. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

352-377-3232

Daytime Phone #

CR2E037 (11/98)