FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

N36824

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FLORIDA'S INLAND ON, INC.	PURCHASING	MANAGEMENT	ASSOCIATI
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Principal Plac	e of Business	Mailing Address					OIST OIDH OIDH DIGH	BYON DIGHT ONEN HORI
P.O. BOX 9		P.O. BOX 90124			-			
CHINESVILL	E FL 32007	GAINESVILLE FL 3260	37		<u> </u>	2. Data Incorporated as O. Wife d	T 6- 5-1	
W.W					'	3. Date Incorporated or Qualified 02/23/1990	3a. Date of L	.ast нерогt 1/1995
	Place of Business	2a. Mailing Address				4. FEI Number	1 30/0	Applied For
21		26			59-2996606		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Cou	ntry	8	B. This corporation has liability for in	tangible tay unde	r s. 199.032,
24	25 9. Name and Address of Curren	1 0 0 1 0 1 0 1 0 1 0 1	30			Florida Statutes	Yes 🗹 No	
	9. Name and Address of Curren	t Hegistered Agent		<u> </u>		0. Name and Address of New Re	gistered Agent	
				81 Name	е			
	Y MARY ANN		t	82 Street	t Address (P.O. Box Number is Not Acceptable	-	
	OX 1110						-	
NEWBE	RRY FL 32669		Į	83				
			ŀ	84 City				7 - 0 - 1
				' '			FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the above	/e-named c	corporation	submits this statement for the purp		ts registered office
familiar wi	red agent, or both, in the State of Floric ith, and accept the obligations of, Section	on 617.0503, Florida Statute	zea by the c s.	orporation's	s board of o	directors. I hereby accept the appoil	ntment as registe	red agent. I am
SIGNATURE								
12.	Signature, typed or printed name of registered agent. OFFICERS AND		OTE: Registered	gent signature	required when		DATE	
TITLE	1	DELETE	13.	-		ADDITIONS/CHANGES TO OFFIC		··
NAME	D	DELEVE	1.1 TIT				Chan	ge 🔲 Addition
STREET ADDRESS	KELLOGG, WILLIAM K.		1 2 NA					
	7117 SW ARCHER RD., #70			IEET ADDRESS				
CITY-ST-ZIP TITLE	GAINESVILLE FL	DELETE		Y-ST-ZIP	 			
	D	Morrele	2111		, P		☐ Chang	ge 🗹 Addition
NAME	HAMBY, EMILY J.		2 2 NA		With	IAM C. DOLAMORE 4 N.W. 51 & AVE.		
STREET ADDRESS	8428 SW 1ST AVENUE		23 STF	EET ADDRESS	3444	1 M.W. SIE ME.		
CITY-ST-ZIP	GAINESVILLE FL			Y · ST - ZIP	GAIN	esville, FL 32605		
TITLE	D	DELETE	3 1 TITE	.E	}		☐ Chang	e Addition
NAM8	GREER, PATTI		3 2 NA	AE.				
STREET ADDRESS	19235 SW 174TH AVE		3.3 STR	eet address				
CITY-ST-ZIP	GAINESVILLE FL	<u>.</u>	3 4. CIT	Y - ST - ZIP				
TITLE	PD	DELETE	4 1 TITL	.E	Ð	·	✓ Chang	e 🔲 Addition
NAME	WHITLEY, MARY ANN		4. 2 NA	ME				
STREET ADDRESS	RT 1, BOX 1110		4.3 STR	EET ADDRESS				
CITY - ST - ZIP	NEWBERRY FL		4.4 CIT	r-St-ZIP				
TITLE		DELETE	51 TITL	E		-	Chang	e 🔲 Addition
NAME			5 2 NAN	1E				
Street address			5 3 STA	EET ADDRESS				
CITY-ST-ZIP			5.4 CITY	'-ST-ZIP				
TITLE		DELETE	6.1 TITL	E			☐ Chang	e Addition
NAME			6.2 NAN	1E				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP			64 CITY	'-ST-ZIP	1			

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 abachment with an address.

SIGNATURE:

WILLIAM

WILLIAM

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

64 CITY-51-ZIP

65 CITY-51-ZIP

65 CITY-51-ZIP

66 CITY-51-ZIP

67 CITY-51-ZIP