

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000004 (1)
1. Corporation Name

BUILDING G OF A PORTION OF LOT 2 OF METROCORP
CENTER ASSOCIATION, INC.

Principal Place of Business Mailing Address

4121 NW 37th PLACE
SUITE A
GAINESVILLE, FL 32606-6179

3. Date Incorporated or Qualified 01/03/94 3a. Date of Last Report 7/12/95

4. FEI Number 59-3344548 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No stock

2. Principal Place of Business
21 4121 NW 37th Place Suite, Apt #, etc.
22 SUITE A City & State
23 GAINESVILLE, FL Zip Country
24 32606 25 USA 29 30

2a. Mailing Address
26 same Suite, Apt #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

ROBINSON, THOMAS A
4121 NW 37th PLACE
Suite A
GAINESVILLE, FL 32606

10. Name and Address of New Registered Agent issued

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	<input type="checkbox"/> DELETE
NAME	Robinson, Thomas A.	
STREET ADDRESS	4121 NW 37th Place, SUITE A	
CITY - ST - ZIP	Gainesville FL 32606	<input type="checkbox"/> DELETE
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MACLEOD, DEBORAH	
STREET ADDRESS	4121 NW 37 Place, Suite A	
CITY - ST - ZIP	GAINESVILLE, FL 32606	<input type="checkbox"/> DELETE
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SHORE, FREDRIC R.	
STREET ADDRESS	4121 NW 37th Place Suite a	
CITY - ST - ZIP	Gainesville, FL 32606	<input type="checkbox"/> DELETE
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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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

Thomas A. Robinson

4-11-96

Date

352 8711992

Daytime Phone #

CR2E037 (12/95)

4-20-96