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May 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000004 (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

4121 NW 37TH PLACE
SUITE A
GAINESVILLE FL 32606
US4121 NW 37TH PLACE
SUITE A
GAINESVILLE FL 32606-6179
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5800 NW 39th Avenue
Suite 101

22 City & State

27 City & State

23 Zip

Country

28 Gainesville, FL

24

25

29 32606

30

US

3. Date Incorporated or Qualified
01/03/19943a. Date of Last Report
04/20/19964. FEI Number
59-3344548Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, THOMAS A
4121 NW 37TH PLACE
SUITE A
GAINESVILLE FL 32606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5800 NW 39th Avenue

83 Suite 101

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ROBINSON, THOMAS A
STREET ADDRESS 4121 NW 37TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE FL 326061.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5800 NW 39th Avenue
1.4 CITY-ST-ZIP Suite 101TITLE VD ☐ DELETE
NAME MACLEOD, DEBORAH
STREET ADDRESS 4121 NW 37TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE FL 326062.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5800 NW 39th Avenue Ste 104
2.4 CITY-ST-ZIPTITLE STD ☐ DELETE
NAME SHORE, FREDRIC R
STREET ADDRESS 4121 NW 37TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE FL 326063.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 5800 NW 39th Avenue Ste 101
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas A. Robinson 4-24-97 (352) 371-1992

Date

Daytime Phone #0010055

CR2E037 (9/96)