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Feb 23 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 # **N94000002414 (0)**

1. Corporation Name

EXIT 76 MERCHANTS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
6793 NEWBERRY ROAD SUITE 101 GAINESVILLE FL 32605	6793 NEWBERRY ROAD SUITE 101 GAINESVILLE FL 32605

3. Date Incorporated or Qualified	05/13/1994
4. FEI Number	59-3249675
Applied For	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
BUMGARNER, BECKY 6793 NEWBERRY ROAD SUITE 101 GAINESVILLE FL 32605	

10. Name and Address of New Registered Agent	
81 Name	Colette Gromoll
82 Street Address (P.O. Box Number Is Not Acceptable)	920 NW 69TH TERRACE
83	
84 City	GAINESVILLE FL
85 Zip Code	32605

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]* DATE **2-16-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD MOORE, KRISTEN
STREET ADDRESS	6419 NEWBERRY RD
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD GROMOLL, RON
STREET ADDRESS	920 NW 69TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D HOWELL, REGINA
STREET ADDRESS	7417 N.W. 8TH BLVD
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D JORDAN, BILL
STREET ADDRESS	6910 NW 8TH AVENUE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	<input type="checkbox"/> DELETE
NAME	D CLEMONS, SKIP
STREET ADDRESS	4000 SW 122ND STREET
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	<input type="checkbox"/> DELETE
NAME	D BARDEN, DAVID
STREET ADDRESS	900 NW 76TH BLVD
CITY-ST-ZIP	GAINESVILLE FL 32605

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PABNER, DAVID
1.3 STREET ADDRESS	6401 NEWBERRY ROAD
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP D OSLEY, JOHN
3.3 STREET ADDRESS	7516 NEWBERRY ROAD
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D SOMMERNESS, TRISH
6.3 STREET ADDRESS	7417 NW 8th AVE
6.4 CITY-ST-ZIP	GAINESVILLE FL 32605

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, 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]* DATE: **2/11/98**

CR2E037 (10/97)