

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90107 030 ***150.00

DOCUMENT # P12182

1. Corporation Name

PACTEL PROPERTIES-GAINESVILLE, INC.

Principal Place of Business

430 BUSH ST
3RD FLOOR
SAN FRANCISCO CA 94108
US

Mailing Address

430 BUSH ST
3RD FLOOR
SAN FRANCISCO CA 94108
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 175 E. HOUSTON

Suite, Apt. #, etc.

27 ROOM 8-H-60

City & State

28 SAN ANTONIO, TX

Zip

29 78205

Country

30 USA

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1986

4. FEI Number

94-2995125

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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 607.0502 and 607.1508, 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 607.0505, 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 PCEO ☐ DELETE

NAME MILLER, WILLIAM
STREET ADDRESS 2600 CAMINO RAMON
CITY-ST-ZIP SAN RAMON CA 94583

TITLE S ☐ DELETE

NAME HENRY, DUANE G
STREET ADDRESS 140 NEW MONTOMERY ST RM 1727
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE AS ☐ DELETE

NAME LAURO, PHILIP H
STREET ADDRESS 430 BUSH ST
CITY-ST-ZIP SAN FRANCISCO CA 94108

TITLE PDC ☐ DELETE

NAME MILLER, W M
STREET ADDRESS 130 KEARNY ST.
CITY-ST-ZIP SAN FRANCISCO CA

TITLE AS ☒ DELETE

NAME ROEMER, E. K
STREET ADDRESS 130 KEARNY ST., ROOM 3609
CITY-ST-ZIP SAN FRANCISCO CA

TITLE D ☒ DELETE

NAME DOWNING, W. E
STREET ADDRESS 130 KEARNY ST.
CITY-ST-ZIP SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0560464