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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Jan 30 1998 8:00am

Secretary of State

1998 DOCUMENT # 1. Corporation Name

P92000006734 (7)

GAINESVILLE REAL ESTATE MANAGEMENT CO. INC.

Principal Place 2040 N.W. 67 GAINESVILLE US	e of Business	Mailing Address P.O. 80X 5278 GAINESVILLE FL 3 US				TE IN THIS SPACE	
					11/19/1992		
2. Principal P	Place of Business	2a, Mailing Address	s		4. FEI Number	Applie	∋d For
21		26			59-3152533	Not Ar	pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addi Fee Requir		
City & Stat	е	City & State			8. Election Campaign Financing	\$5.00 Ma	ıv Be
23		28		Trust Fund Contribution	Added to F		
Zip	Country	Zφ	Cou	ntry	8. This corporation owes or has		
24	25	29	30		Personal Property Tax due Ju		io
	9, Name and Address of Curr	rent Registered Agent			10. Name and Address of New I	Registered Agent	
	Kuther, Keith A		j	B1 Name			
	40 N.W. 67 PLACE NNESVILLE FL 32653			82 Street Ad	ddress (P.O. Box Number is Not Accept	able)	
				83			
				64 City		FL 85 Zip Cod	le
office or r	registered agent, or both, in the Standard in familiar with, and accept the ob	ate of Florida Such change ligations of, Section 607.05	was authorized 05, Florida Stati	t by the corpo utes.	orporation submits this statement for the oration's board of directors. I hereby acc	cept the appointment as regi	gistered iislered
12.	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE: Hegistered	Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	112
TITLE	D	DELET		) E	ADDITIONS/CHANGES TO OFF		Addition
NAME	CRUTCHER, KEITH A		1.2 NA	·· }		T outside T	7 1 100111011
STREET ADDRESS	2040 N.W. 67TH PLACE			REET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32653			Y-ST-ZIP			
TITLE	WWW.DOTTEDET TE GEOGRAPHIC	☐ DELET				Change	Addition
NAME		_	22 NA			_ , _	_
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELET				☐ Change ☐	Addition
NAME			3.2 NA	ME			j
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4. CI	IY-ST-ZIP			
TITLE		DELÉ1	E 4.1 111	LE		☐ Change ☐	Addition
NAME			4.2 NA	IMF			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELET	E 5.1 TIT	LE		Change	_] Addition
NAME			5.2 NA	WE			
STREET ADDRESS			5.3 STF	REET ADDRESS			
CITY-ST-ZIP				Y-ST-71P			-
TITLE	•	DELET	E 6.1 TIT	LĒ		Change	Addition
NAME			6.2 NA/	ME			
STREET ADDRESS			6.3 STF	REET ADDRESS			
CITY OF 210			64.00	V 07 710			

14. Thereby 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 is roughlemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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, providing the corporation of the receiver of the corporation of the receiver of 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, providing the corporation of the receiver of the corpora