FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

CR2E034 (12/95)

DOCUMENT # P93000086619 (2)

1. Corporation Name

PLETHORA INVESTMENTS OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
912 NE 2ND STREET GAINESVILLE FL 32601 US	912 NE 2ND STREET GAINESVILLE FL 32601 US

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

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

3. Date Incorporated or Qualified: 12/20/1993
3a. Date of Last Report: 05/10/1995
4. FEI Number: 59-3214649 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired XX — $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. XX Yes ☐ No

9. Name and Address of Current Registered Agent

BEVERLY, PHIL C. J
912 NE 2ND STREET
GAINESVILLE FL 32601

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	D	☐ DELETE
NAME	TRINITY, STEPHENAS	
STREET ADDRESS	ROUTE 1, BOX 241	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	☐ DELETE
NAME	TRINITY, SARAH	
STREET ADDRESS	ROUTE 1, BOX 241	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	☒ DELETE
NAME	ROMANO, INFINITA	
STREET ADDRESS	ROUTE 1, BOX 241	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	☐ DELETE
NAME	EVERETT, PAULA	
STREET ADDRESS	ROUTE 1, BOX 241	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	☒ DELETE
NAME	HART, JAMIE	
STREET ADDRESS	ROUTE 1, BOX 241	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	☒ DELETE
NAME	MATINS, MARY	
STREET ADDRESS	ROUTE 1, BOX 241	
CITY-ST-ZIP	TRENTON FL 32693	

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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. Trinity, President S. Trinity — 3/20/96 — 472-0094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #