

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

DOCUMENT # **P94000025655 (9)**

1. Corporation Name

MACON COUNTY PROPERTIES, INC.



Principal Place of Business

Mailing Address

**412 N.E. 16TH AVE.
GAINESVILLE FL 32601**

**412 N.E. 16TH AVE.
GAINESVILLE FL 32601**

3. Date Incorporated or Qualified
04/04/1994

3a. Date of Last Report
02/03/1995

2. Principal Place of Business
21 **2430 NW 73rd Place**

2a. Mailing Address
26 **same**

4. FEI Number
59-3282097

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Gainesville, FL**

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip **32653**

Country **Alachua**

Zip

Country

24

25 **Alachua**

29

30

8. 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

**LEE, DENNIS G
412 N.E. 16TH AVE.
GAINESVILLE FL 32601**

81 Name **James W. Stanley**

82 Street Address (P.O. Box Number is Not Acceptable)
MAIL:2430 NW 73rd Place

83

84 City

Gainesville,

FL

85 Zip Code
32653

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature of the person who is the registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

3-11-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPS** ☐ DELETE
NAME **LEE, DENNIS G**
STREET ADDRESS **412 N.E. 16TH AVE.**
CITY-STATE-ZIP **GAINESVILLE FL**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **James W. Stanley**
1.3 STREET ADDRESS **MAIL:2430 NW 73rd Place**
1.4 CITY-STATE-ZIP **Gainesville, FL 32653** ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☐ DELETE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96 904-376-6219

Date

Daytime Phone #

CR2E034 (12/95)