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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

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1996

DOCUMENT #

P94000025655 (9)

MACON COUNTY PROPERTIES, INC.

Principal Place of Business

2. Principal Place of Business 2430 NW 73rd Place

Gainesville, FL

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Alachua

9. Name and Address of Current Registered Agent

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

Suite Apt. #, etc.

Gity & State

32653

LEE, DENNIS G

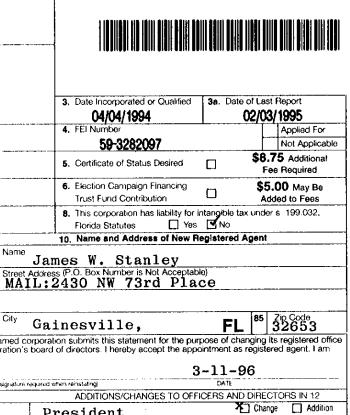
412 N.E. 16TH AVE.

GAINESVILLE FL 32601

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



| or regis tor co | the provisions of Sections 607.0502 are agent, or both, in the Stars of Florida. and accept the blaid itings a Section | Buch change was authoriz | red by the corporation's t | rporation submits this statement for the purpose of board of directors. I hereby accept the appointmen | t as registered | egistered office agent. I am |
|--|--|----------------------------------|----------------------------|---|------------------|---------------------------------|
| SIGNATURE Source State of Stat | | | | | | |
| 12. C | grand, Gpt.3 or vrime the Circustered agent at v OFFICERS AND D | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| 701.5 | DPS | T DELETE | 1. 1 THILE | President | Change | Addition |
| NAME | LEE, DENNIS G | _ | 12 NAME | James W. Stanley | | |
| STREET ADDRESS | 412 N.E. 16TH AVE. | | 1 3 STREET ADDRESS | MAIL: 2430 NW 73rd Pla | 0.00 | |
| Cily-SI-ZP | GAINESVILLE FL | | 1.4 CiTY - ST - ZiP | | | |
| 110 | WHITEOTICE I C | DELETE | 2 1 TITLE | Gainesville, FL 3265 | ☐ Change | ☐ Addition |
| NAMi | | | 2.2 NAME | | | |
| STREET ACORESS | | | 2 3 STREET ADDRESS | | | |
| CITY ST ZIP | | | 2 4 CITY - ST - 2IP | · · · | | |
| 100E | | DELETE | 3 1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 3 2 NAME | | | |
| STEEL LADDRESS | | | 3.3 STREET ADDRESS | | | |
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| TITLE | | DELETE | 4. 1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 4 2 NAME | | | |
| STHEET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CHY ST ZIP | | | 4.4 CITY - ST - ZIP | | | |
| TSTLF | | DELETE | 5 1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 5 2 NAME | | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | | |
| C(1Y+S*-7/2 | | | 5 4 CITY - S1 - ZIP | | | |
| FIFLE | | ☐ DELETE | 6 1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STHEET ADDRESS | | | 6 3 STREET ADDRESS | | | |
| CHY-SI-ZIP | | | 6.4 CITY-SI · ZIP | | | |
| 14. I do hereby | certify that the information supplied wit | n this filing is voluntarily fur | nished and does not qua | lify for the exemption stated in Section 119.07(3)(k) | , Florida Statul | ies. I further |

certify that the information indicated on this annual report or supplemental angual 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 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, or on an abuchment with an address.

SIGNATURE:

ALAND WEED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

904-376-6219

Daytime Phone #

CR2E034 (12/95)