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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT STATE Sandra B. M. Jam

Secretary of State DIVISION OF CORPORATIONS

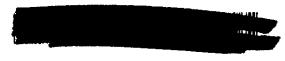
DOCUMENT # P94000025655 (9)

MACON COUNTY PROPERTIES, INC.

Principal Place of Business

Mailing Address

FILED 97 JUL -7 AM 11: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA



GAINESVILLE		412 N.E. 16TH AVE. Gainesynle Fl. 32001-3701							
18-					3. Date Incorporated or Qualified 04/04/1994		of Last Re	eport	
2 Prosing D	lace of Business	2a. Mailing Address			4. FEI Number	USI		plied For	
	NW 73rd Place	26 Same			59-3282097		- 	Applicable	
21 2430 Suite, Apt. 22 N/A		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	A	City & State			6. Election Campaign Financing \$5.00 May Be				
	esville,FL	28 Same			Trust Fund Contribution				
Zip	Country	Zip Country			8. This corporation has liability for intangible tax under s. 199.032.				
24 326		29 32653 30 Alachua			Florida Statutes Yes No				
24	9. Name and Address of Current		1221	10. Name and Address of New Registered Agen					
81 Name									
G430 NW 73RD PLACE				82 Street Addr	lenn Johnson, Owner	(a)			
				Street Address (P.O. Box Number is Not Acceptable) 2430 NW 73rd Place					
GAINESVILLE FL 32653				83					
					<u>ainesville, FL 326</u>	<u> 553</u>	A-1 75 6		
				84 City		FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607,0502	and 607,1508, Florida Statu	tes, the	above-named corp	oration submits this statement for the pi	irpose of o	hanging its	s registered	
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.									
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		13		ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 12	
TITLE	P	DELETE	1.1	TITLE			Change	S IN 12 Addition	
NAME	STANLEY, JAMES W.		1.2	NAME					
STREET ADDRESS	2430 NW 73RD PLACE		1.3	STREET ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL			CITY - ST - ZIP	700002	234	587	·3	
TITLE	O-MITES VILLE I L	DELETE	-	TITLE	700002 707/10- ****1	797- - 1	naha-	DD dicition	
NAME	Glenn Johnson, Own	ner/n	22	NAME	未来来1	65.00	米米米米	165.00	
STREET ADDRESS	0.400 1999 200-3 203			STREET ADDRESS					
	C-4			CITY-SI-ZIP					
HTLE	Gainesville, FD	DELETE	_	TITLE		·	Change	Addition	
MAME			- 8	NAME		_	· •	**	
			1	STREET ADDRESS					
STREET ADDRESS	}		1	[
CITY-ST-ZIP		☐ OELETE		CITY-ST-ZIP TITLE		1	Change	Addition	
TITLE		U VELEIE				_			
NAME				NAME				Ì	
STREET ADDRESS				STREET AODRESS				ł	
CITY-ST-ZIP		- I beiere	_	CITY-ST-ZIP			Change	Addition	
TITLE		DELETE	1	TITLE		L	Change	□ Addition	
NAME			- 1	NAME					
STREET ADDRESS	•		5.3	STREET ADDRESS		`			
CITY-ST-Z#P			_	CITY-ST-ZIP	A	.			
THTLE		☐ DELETE	6.1	FITLE	(N)	i) [Change	Aggilion	
NAME			6.2	NAME	1 XH/).	/			
STREET ADDRESS			6.3	STREET ADDRESS	(177)				
CITY-ST-ZIP	<i>A</i> .	\cap	6.4	CITY - ST - ZIP					
27.1. 57. 68		No local control of the control of the	idea don alo	a augmention states	Lin Castian 110 07/3Vil) Florida Statuta	I fortbox	could that	tho	

quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the passing and accurate and that my signature shall have the same legal effect as if made under oath, that the passing execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the in information indicated on this I am an officer or director of