

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025655 (9)

1. Corporation Name

MACON COUNTY PROPERTIES, INC.

Principal Place of Business

412 N.E. 16TH AVE.
GAINESVILLE FL 32601
48

Mailing Address

412 N.E. 16TH AVE.
GAINESVILLE FL 32601-3701

3. Date Incorporated or Qualified

04/04/1994

3a. Date of Last Report

03/15/1996

2. Principal Place of Business

21 2430 NW 73rd Place

2a. Mailing Address

26 same

Suite, Apt. #, etc.

22 N/A

Suite, Apt. #, etc.

27 N/A

City & State

23 Gainesville, FL

City & State

28 Same

Zip

24 32653

Country

25 Alachua

Zip

29 32653

Country

30 Alachua

4. FEI Number

59-3282097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STANLEY, JAMES W.
2430 NW 73RD PLACE
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name

Glenn Johnson, Owner

82 Street Address (P.O. Box Number is Not Acceptable)

2430 NW 73rd Place

83

Gainesville, FL 32653

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

6-18-97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME STANLEY, JAMES W.
STREET ADDRESS 2430 NW 73RD PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME Glenn Johnson, Owner/D
STREET ADDRESS 2430 NW 73rd Place
CITY-ST-ZIP Gainesville, FL 32653

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

700002234587--3

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

-07/10/97-01018-006
***165.00 ***165.00

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby 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 or supplement 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

CR2E034 (9/96)