

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000030017 (5)

1. Corporation Name

SUNBELT BUSINESS BROKERS OF GAINESVILLE, INC.



Principal Place of Business

Mailing Address

4210 NW 37 PL
SUITE 300
GAINESVILLE FL 32606

4210 NW 37 PL
SUITE 300
GAINESVILLE FL 32606

2. Principal Place of Business

2a. Mailing Address

21 3700 NW 91st Street

26 3700 NW 91st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C-200

27 Suite C-200

City & State

City & State

23 Gainesville

28 Gainesville

Zip

Zip

24 32606

29 32606

Country

Country

25 Alachua

30 Alachua

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/19/1994

3a. Date of Last Report

06/12/1995

4. FEI Number

59-3236369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81

Name

Ledvina, Tim

82

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

3700 NW 91st Street

83

Suite

C-200

84

City

Gainesville

FL

85

Zip Code

32606

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 the if applicable

(Note: Registered Agent's signature required when changing status)

DATE:

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ETHERIDGE, WILLIAM R
STREET ADDRESS 716 RINCON ABBEY CT
CITY-ST-ZIP MARTINEZ GA

TITLE VP
NAME LOWENSTEIN, JOSEPH F
STREET ADDRESS 4934 NW 28 PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DP
Etheridge, William R
135 Lauren Circle
Greenwood, SC 29649

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VP Joseph N.
Lander
3930 NW 35th Place
Gainesville, FL 32606

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 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 included 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 61, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96

352-378-9200

CR2E034 (3/96)