

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036945 (1)

1. Corporation Name

THE FOURTH R OF GAINESVILLE, INC.

Principal Place of Business

211 NE 1ST STREET
GAINESVILLE FL 32601

Mailing Address

211 NE 1ST STREET
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/10/1994

3a. Date of Last Report

2. Principal Place of Business

21 4300 NW 23RD AVE

2a. Mailing Address

26 PO BOX 147050

4. FEI Number

593250222

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 393

Suite, Apt. #, etc.

27 #393

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 GAINESVILLE, FL

City & State

28 GAINESVILLE, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32614

Country

25 US

Zip

29 32614-7050

Country

30 US

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

9. Name and Address of Current Registered Agent

ENWALL, PETER C
211 NE 1ST STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name ROGER P. HARNED

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

4158 NW 70 TERRACE

83

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 title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARNED, ROGER D
STREET ADDRESS	4158 NW 70 TERRACE
CITY - ST - ZIP	GAINESVILLE FL 32606
TITLE	D
NAME	HARNED, REBECCA A
STREET ADDRESS	4158 NW 70 TERRACE
CITY - ST - ZIP	GAINESVILLE FL 32606
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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)(b), 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 its 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:

Roger D. Harned, President
ROGER P. HARNED, PRESIDENT

4/28/95 909-373-4428

Name

Signature/Phone #