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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000094382

Principal Place of Business

GATOR PLACE APARTMENTS, INC.

PO BOX 1185 GAINESVILLE FL	32602	PO BOX 1185 GAINESVILLE FL 32602			DO NOT WRITE IN THIS SPACE					
US US										
						3. Date Incorporated or Qualifed 01/01/1995				
2. Principal Place of Business 2a. Mailing Addres			5			4. FEI Number			plied For	
21		26				59-3288026			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State	City & State	te			6. Election Campaign Financing		\$5.00	May Be		
23	5	28				Trust Fund Contribution		Added t		
Zip				Country		8. This corporation owes the current	year Intang	ible		
24	25 29 30				Personal Property Tax. Yes No					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			1	81	Name					
ACHEY, RAYMOND F 3904 SW 62 AVENUE			1	B2	Street Add	Address (P.O. Box Number is Not Acceptable)				
GAINESVILLE FL 32608				83				\$12 ₁ 1 5	2 1 1 1 1 1	
	·		1	84	City			15 Zip (Code	
		No. 1			-		<u> </u>			
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, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
signature							DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					signature requir	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
12.		DELETE	1.1 TITL			ABBITIONO/OF MINOEO TO GITTE		Change	☐ Addition	
TITLE	D ACUEV DAVIMOND E		1.2 NAM			$\mathcal{L}_{\mathcal{A}} = \{ \mathbf{x} \in \mathcal{S}_{\mathcal{A}} : \mathbf{x} \in \mathcal{S}_{\mathcal{A}} \} $. –		_	
NAME	ACHEY, RAYMOND F 3904 SW 62 AVENUE			1.3 STREET ADDRESS					ĺ	
STREET ADDRESS			1.4 CITY-ST-ZIP		1				}	
CITY-ST-ZIP			2,1 TTL		ZIP		Ē	Change	☐ Addition	
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NAME	HIGGINBOTHAM, EDDIË J PO BOX 907 N/A				NODRESS					
STREET ADDRESS	• · · · · · · · · · · · · · · · · · · ·					:				
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NAME		. · ·			ADDRESS					
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CITY-ST-ZIP		☐ DELETE	6.1 TITL			<u> </u>		Change	Addition	
TITLE		C OFFER	6.2 NA		ļ		_		_	
NAME					ADORESS					
STREET ADDRESS			0.3 311	NEG I P	-COLEGO				i	

14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FILED Jan 26, 1999 8:00 am Secretary of State

01-26-1999 90020 042 ***150.00

