

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000001154 (0)**

1. Corporation Name

FIFI'S OF GAINESVILLE, INC.



Principal Place of Business

**12526 MISSION HILLS DR. SOUTH
JACKSONVILLE FL 32225**

Mailing Address

**12526 MISSION HILLS DR. SOUTH
JACKSONVILLE FL 32225**

3. Date Incorporated or Qualified
01/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **3501 SW 2ND AVE**

26 **3501 SW 2ND AVE**

4. FEI Number

59-3285534

Applied For

Not Applicable

22 **Suite P**

27 **Suite P**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 **GAINESVILLE, FL**

28 **GAINESVILLE, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 **32607** 25 **USA**

29 **32607** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAWFORD, JOHN R
225 WATER ST.
SUITE 900
JACKSONVILLE FL 32202**

81 Name

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

83

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ABDIAN, RUTHELIA Q**
STREET ADDRESS **12526 MISSION HILLS DR. SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ DELETE
NAME **RUDGE, SUZANNE C**
STREET ADDRESS **2410 LOS ROBLES DR.**
CITY-ST-ZIP **FERNANDIAN BEACH FL 32034**

TITLE **D** ☐ DELETE
NAME **NEIMS, MYRNA R**
STREET ADDRESS **8519 N.W. 4TH PL.**
CITY-ST-ZIP **GAINESVILLE FL 32607-1414**

TITLE **D** ☐ DELETE
NAME **HORNE, MARY L**
STREET ADDRESS **RT. 1, BOX 251**
CITY-ST-ZIP **MICANOPY FL 32667**

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 **4945 SPANISH OAK CIRCLE**
1.4 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **HORN,**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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.

SIGNATURE: **Myrna R. Neims** **MYRNA R. NEIMS** (352) 378-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)