

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000031356**

1. Corporation Name

**INTEGROUP DEVELOPMENT CORP. OF GAINESVILLE**

Principal Place of Business

7077 BONNEVAL RD  
SUITE 600  
JACKSONVILLE FL 32216

Mailing Address

7077 BONNEVAL RD  
SUITE 600  
JACKSONVILLE FL 32216

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90074 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/21/1995**

4. FEI Number

**59-3313803**

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

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**F&L CORP.**  
**200 LAURA ST**  
**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CSD ☐ DELETE

NAME VAN MOOK, A.L. "TON"

STREET ADDRESS 7077 BONNEVAL RD. SUITE 400

CITY-ST-ZIP JACKSONVILLE FL

TITLE VAS ☐ DELETE

NAME GARRIPEE, LESTER N.

STREET ADDRESS 7077 BONNEVAL RD., SUITE 600

CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME JOHNSTON, CHARLES M

STREET ADDRESS 7077 BONNEVAL RD., SUITE 600

CITY-ST-ZIP JACKSONVILLE FL

TITLE PT ☐ DELETE

NAME BUCKLEY, RONALD F

STREET ADDRESS 7077 BONNEVAL RD., SUITE 600

CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE

NAME HEDRICK, C V

STREET ADDRESS 7077 BONNEVAL ROAD SUITE #600

CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

2-26-99

Date

904-864-6000

Daytime Phone #

CR2E034 (11/98)