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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000051388 (3)

SALTER, FEIBER, YENSER & MURPHY, P.A.

Principal Place of Business

Mailing Address

FILED Jan 23 1997 8:00am Secretary of State



GAINESVILLE FL 32801		GAINESVILLE FL 32801-5304					
					3. Date Incorporated or Qualified 07/01/1995	3a. Date of Las 03/16/199	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26 P.O. DRAW	JER	1589	59-3322294		Not Applicable
Suite, Apt.	#, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired	1 1 7	5 Additional Required
City & Stat	е	City & State	1 4		6. Election Campaign Financing		00 May Be
23		28 Gainesvil	le, t	<u>-1. </u>	Trust Fund Contribution	Add	ed to Fees
Zip	Country	7p 70	Countr	· .	8. This corporation has liability for i		r s. 199,032.
24	25 9. Name and Address of Curre		30 A	<u>achua</u>	Fiorida Statutes 10. Name and Address of New Re	Yes No	
		nt Registered Agent	8.	Name	10. Name and Address of New Re	gistered Agent	
	LTER, JAMES D		٦	Name			
	NE 1ST STREET		82	Street Addr	ress (P.O. Box Number is Not Acceptab	ile)	
GAI	INESVILLE FL 32601		8:	1			
			8	'			
			84	City		85 Z	ip Code
· · · · · · · · · · · · · · · · · · ·						<u> </u>	
office or r agent. La	to the provisions of Sections 607.05 registered agent for both, in the Stat am farmhar with, and accept the oblig	oz and 607.1508, Florida Statute e of Florida. Such change was a gations of, Section 607.0505, Flo	es, the abor uthorized b rida Statute	ve-hamed corp by the corporal as.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changin at the appointment	g its registered as registered
SIGNATURE	Signarine type for printed runne of regionals of a	promon tile diapple after (NOTE	Hogistered A	gent signature requi	red when reinstating)	DATE	
12.		VD DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 TITLE			Chan	ge 🔲 Addition
NAME	SALTER, JAMES D		1.2 NAME				
STREET ADDRESS	703 NE 1ST STREET		1.3 STREE	T ADORESS			
C-TY - ST - ZIP	GAINESVILLE FL 32601		1.4 CITY	ST-ZIP			
TITLE	D	DELETE	2 1 TITLE			Chan	ge Addition
NAME	FEIBER, JAMES G JR.		2.2 NAME				
STREET ADDRESS	703 NE 1ST STREET		23 STREE	T ADDRESS			
CITY ST-ZIF	GAINESVILLE FL 32601		2.4 City	- ST - ZIP			
TITLE	D	DELFTE	3 1 TITLE			Chan	ge 🔲 Addition
NAME	YENSER, NANCY E		3.2 NAME		÷.		
STREET ADDRESS	703 NE 1ST STREET		3.3 STREE	T ADDRESS	•		
CITY-ST-7/P	GAINESVILLE FL 32601		3.4. CITY	· ST - ZIP			
TITLE	D	DELFTE	4.1 TITLE			☐ Cha∩	ge Addition
NAME	MURPHY, MELISSA J		4. 2 NAM	ŧ			
STREET ADDRESS	703 NE 1ST STREET		4.3 STREE	T ADDRESS			
CHTY: ST. ZIP	GAINESVILLE FL 32601		4.4 CITY	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Chan	ge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	T ADDRESS			
CHY-ST-ZP			5.4 CITY	ST - ZIP			
TITLE		DELETE	6.1 TITLE			Chan	ge Addition
NAME			6.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY ST ZIP			6.4 CITY				
0111-01-71	ļ		0.9 (.111	U (- ZII	11. 6 110.07(0)(5 E. 11. 6)		

I do 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 suppliemental 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 frustee 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.