
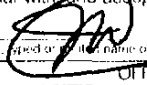


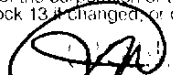
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P95000094154 (8)</b> 1. Corporation Name <b>TWIN OAKS OF RALEIGH, FLORIDA, INC.</b>			
Principal Place of Business <b>4121 NW 37 PL. SUITE A GAINESVILLE FL 32606 US</b>		Mailing Address <b>4121 NW 37 PL. SUITE A GAINESVILLE FL 32606-6179 US</b>	
2. Principal Place of Business 21 <b>5800 N.W. 39 AVE</b> Suite, Apt. #, etc. 22 <b>STE 101</b> City & State 23 <b>GAINESVILLE FLA.</b> Zip 24 <b>32606</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>5800 N.W. 39 AVE</b> Suite, Apt. #, etc. 27 <b>STE 101</b> City & State 28 <b>GAINESVILLE FLA</b> Zip 29 <b>32606</b> Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>GREER, JOHN W III 4121 NW 37 PL. GAINESVILLE FL 32606</b>		10. Name and Address of New Registered Agent 81 Name <b>GREER, JOHN W. III</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5800 N.W. 39th AVE</b> 83 <b>SUITE 101</b> 84 City <b>GAINESVILLE</b> FL 85 Zip Code <b>32606</b>	
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  <b>JOHN W. GREER III</b> 3-10-97 <small>Signature required on this form if name of registered agent is changed and title is applicable. (NOT: Registered Agent signature required when reappointing.) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE <b>DP</b> <input type="checkbox"/> DELETE NAME <b>GREER, JOHN W III</b> STREET ADDRESS <b>4121 NW 37 PL., STE. A</b> CITY-ST-ZIP <b>GAINESVILLE FL 32606</b> TITLE <b>DVST</b> <input type="checkbox"/> DELETE NAME <b>WHITEHURST, WILLIAM J III</b> STREET ADDRESS <b>4121 NW 37 PL., STE. A</b> CITY-ST-ZIP <b>GAINESVILLE FL 32606</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>GREER JOHN W III</b> 1.3 STREET ADDRESS <b>5800 N.W. 39th AVE SUITE 101</b> 1.4 CITY-ST-ZIP <b>GAINESVILLE FL 32606</b> 2.1 TITLE <b>DVST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>WHITE HURST WILLIAM J III</b> 2.3 STREET ADDRESS <b>5800 N.W. 39th AVE SUITE 101</b> 2.4 CITY-ST-ZIP <b>GAINESVILLE FL 32606</b> 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



SIGNATURE:

 **JOHN W. GREER III**

3-10-97

CR2E034 (9/96)