

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90163 010 \*\*\*150.00

DOCUMENT # **P96000035919**

1. Corporation Name  
**726 CORPORATION**



Principal Place of Business Mailing Address  
**726-D NW 8TH AVE 726-D NW 8TH AVE**  
**GAINESVILLE FL 32601 GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/01/1996**

4. FEI Number

**59-3400619**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City &amp; State

27. City &amp; State

23. Zip Country

28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAWRENCE & MUTCH, P.A.**  
**726-D NW 8TH AVE**  
**GAINESVILLE FL 32601**

81. Name **F. Parker Lawrence**

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

**726-D NW 8TH AVE.**

83. 1

84. City **GAINESVILLE****FL**85. Zip Code  
**32601**

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 reappointing)

DATE

**3/24/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETENAME **D LAWRENCE, F. PARKER**STREET ADDRESS **726-D NW 8TH AVE**CITY-ST-ZIP **GAINESVILLE FL 32601**TITLE ☐ DELETENAME **D MUTCH, SAMUEL A**STREET ADDRESS **726-D NW 8TH AVE**CITY-ST-ZIP **GAINESVILLE FL 32601**TITLE ☐ DELETENAME **D BAUR, ED**STREET ADDRESS **726-D NW 8TH AVE**CITY-ST-ZIP **GAINESVILLE FL 32601**TITLE ☐ DELETENAME **D BAUR, JANICE**STREET ADDRESS **10416 NW 18 AVE**CITY-ST-ZIP **GAINESVILLE FL**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Janice D. Baur*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/99**  
Date

**352-375-7104**  
Daytime Phone #

CR2E034 (11/98)