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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000069538 (2)**

1. Corporation Name
ALACHUA PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12805 N.W. 146TH PLACE ALACHUA FL 32615	POST OFFICE BOX 1300 ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1996

4. FEI Number: 59-3447285 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 13680 N.W. 104 TERRACE	26
Suite, Apt. #, etc. 22 SUITE A	Suite, Apt. #, etc. 27
City & State 23 ALACHUA, FL	City & State 28
Zip 24 32616 Country 25	Zip 29 32616 Country 30

9. Name and Address of Current Registered Agent

WALLACE, DONALD E
12805 N.W. 146TH PLACE
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name: WALLACE, DONALD E.
82 Street Address (P.O. Box Number is Not Acceptable): 13680 N.W. 104 TERRACE
83 SUITE A
84 City: ALACHUA FL 85 Zip Code: 32616

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 _____ 4/27/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, DONALD E 12805 N.W. 146TH PLACE ALACHUA FL 32615	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR/PRESIDENT WALLACE, DONALD E. 13680 N.W. 104 TERRACE SUITE A ALACHUA, FL 32616	☒ Change ☐ Addition
TITLE / NAME / CITY-ST-ZIP	D CHAMBERS, RONALD ALACHUA FL 32615	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.4 CITY-ST-ZIP	DIRECTOR CHAMBERS, RONALD ALACHUA, FL. 32616	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANDRIDGE, ALLEN 12805 N.W. 146TH PLACE ALACHUA FL 32615	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR WALLACE, BETSEY 13680 N.W. 104TH TERRACE, SUITE A ALACHUA, FL. 32616	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300002615378 -08/13/98--01091--006 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE _____