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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076329 (7)

TL OF GAINESVILLE, INC.

FILED Apr 09 1997 8:00am Secretary of State

235 S.W. 117 GAINESVILLE		235 S.W. 11TH	Mailing Address 235 S.W. 11TH PLACE GAINESVILLE FL 32801-7809				1411: 53 111 15418 5 71 86 7111 6 19	0(0 10)(PES:
						3. Date incorporated or Qualified 09/12/1996	3a. Date of Last I	Report
2, Pancipal P 21	lace of Business	2a. Mailing Add	tress			4. FEI Number (9 - 340371)		pplied For lot Applicable
Suite. Apt	#, etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75	Additional leguired
City & Stat	(e)	City & State)			Election Campaign Financing Trust Fund Contribution	\$5.00) May Be
Zip	Country	Zip		Country	·	8. This corporation has liability for	intangible tax under	
24	25 9. Name and Address of Cur	29 29 Agent	30	<u>ol</u> -		Florida Statutes 10. Name and Address of New Ro	Yes No	
	LY THE LOSEN	telli negistereo Again		81	Name	IO, Native Situ Addiess of New Pi	agrater ou Again	
235	S.W. 11TH PLACE		<u> </u>		Street Add	ddress (P.O. Box Number is Not Acceptable)		
GA	INESVILLE FL 32601			83				
				84	City		FL 85 Zip	Code
11. Pursuant office or agent 1s	to the provisions of Sections 607.0 registored agent, or both, in the St am familiar with, and accept the ob	0502 and 607.1508, Flo ate of Florida. Such cha Digations of, Section 60	rida Statutes, inge was aut 7.0505, Fioric	the above thorized by da Statute	e-named corpora the corpora s.	poration submits this statement for the tition's board of directors. I heraby acception	purpose of changing	its registered s registered
SIGNATURE								ĺ
Create H Crift	Sometime Avoid or only at hair end rear creted	Laborat and title if applicable	(NOTE: B	Registered Age	ent signature tegui	ifed when reinstating)	DATE	
	Squatus, typed or non-unique of registered OFFICERS	Lagent and title if applicable AND DIRECTORS	(NOTE: R	Registered Age	ent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTO	AS IN 12
12.		AND DIRECTORS	(NOTE: F DELETE		ent signature requi			AS IN 12
12.	OFFICERS	AND DIRECTORS		13.	ent signature requi		CERS AND DIRECTO	
12.	OFFICERS D WILLY THE LOSEN 235 S.W. 11TH PLACE	AND DIRECTORS		13. 1.1 TITLE			CERS AND DIRECTO	
12. THE NAME STREET ADDRESS C-TY-ST-WE	OFFICERS D WILLY THE LOSEN 235 S.W. 11TH PLACE GAINESVILLE FL 32601	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5	ADDRESS		CERS AND DIRECTO	Addition
TILLE NAME STREET ADDRESS C-TY-SY-70P TILLE	OFFICERS D WILLY THE LOSEN 235 S.W. 11TH PLACE GAINESVILLE FL 32601 D	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE	ADDRESS		CERS AND DIRECTO	
12. THE NAME STREET ADDRESS C-TY-SY-ZIP THEE NAME	OFFICERS D WILLY THE LOSEN 235 S.W. 11TH PLACE GAINESVILLE FL 32601 D WELLS THE LOSEN	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME	ADDRESS ST-ZIP		CERS AND DIRECTO	Addition
12. THE NAME STREET ADDRESS C-TY-SY-ZIP THEF NAME SYREET ADDRESS	OFFICERS D WILLY THE LOSEN 235 S.W. 11TH PLACE GAINESVILLE FL 32601 D WELLS THE LOSEN 235 S.W. 11TH PLACE	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ST-ZIP		CERS AND DIRECTO	Addition
12. THE NAME STREEL ADDRESS C-TY-ST-ZEP THRE NAME STREEL ADDRESS C-TY-ST-ZEP	OFFICERS D WILLY THE LOSEN 235 S.W. 11TH PLACE GAINESVILLE FL 32601 D WELLS THE LOSEN	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-	ADDRESS ST-ZIP		CERS AND DIRECTO Change	☐ Addition
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12. THE NAME STREET ADDRESS C-TY-SY-ZEP THEE NAME SYREET ADDRESS C-TY-ST-ZEP THEE NAME NAME NAME	OFFICERS D WILLY THE LOSEN 235 S.W. 11TH PLACE GAINESVILLE FL 32601 D WELLS THE LOSEN 235 S.W. 11TH PLACE	AND DIRECTORS	DELETE	13. 1.1 TULE 1.2 NAME 1.3 STREEL 1.4 CITY-5 2.1 TULE 2.2 NAME 2.3 STREEL 2.4 CITY-3.1 TULE 3.2 NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP		CERS AND DIRECTO Change	☐ Addition
12. THE NAME STREET ADDRESS C-17 - ST - ZIP THEE NAME STREET ADDRESS C-17 - ST - ZIP THEE NAME	OFFICERS D WILLY THE LOSEN 235 S.W. 11TH PLACE GAINESVILLE FL 32601 D WELLS THE LOSEN 235 S.W. 11TH PLACE	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-3 3.1 TITLE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS		CERS AND DIRECTO Change	☐ Addition
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12. THE NAME STREET ADDRESS. C-1Y-S2-ZEP THEE NAME STREET ADDRESS. C-1Y-S1-ZEP THEE TABLET ADDRESS. C-1Y-S1-ZEP THEE THEE THEE THEE THEE THEE THEE TH	OFFICERS D WILLY THE LOSEN 235 S.W. 11TH PLACE GAINESVILLE FL 32601 D WELLS THE LOSEN 235 S.W. 11TH PLACE	AND DIRECTORS	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-1 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.3 NAME 5.3 STREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		CERS AND DIRECTO Change Change Change Change	Addition Addition Addition Addition

ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name tachment with an address.

SIGNATURE:

0065819