

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000026159 (8)

1. Corporation Name

MONTICELLO OF ALACHUA COUNTY, INC.



Principal Place of Business

Mailing Address

4509 N.W. 23RD AVE., SUITE 16
GAINESVILLE FL 32606

4509 N.W. 23RD AVE., SUITE 16
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

☒ 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

21 4707 NW 53 Ave

Suite, Apt. #, etc.

22 Suite A

City & State

23 Gainesville, FL

Zip

Country

24 32606

25 USA

2a. Mailing Address

26 4707 NW 53 Ave

Suite, Apt. #, etc.

27 Suite A

City & State

28 Gainesville, FL

Zip

Country

29 32606

30 USA

9. Name and Address of Current Registered Agent

WALLACE, HOWARD K JR.
4509 N.W. 23RD AVE., SUITE 16
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8021 NE 221 Street

83

84 City
Melrose

85 Zip Code
FL 32666

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

Howard K. Wallace, Jr.

4/28/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WALLACE, HOWARD K JR.
STREET ADDRESS 4509 N.W. 23RD AVE., SUITE 16
CITY-ST-ZIP GAINESVILLE FL 32606

☐ DELETE

TITLE DST
NAME WALLACE, ANNE M
STREET ADDRESS 4509 N.W. 23RD AVE., SUITE 16
CITY-ST-ZIP GAINESVILLE FL 32606

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4707 NW 53 Ave, Suite A
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE DVST
2.2 NAME
2.3 STREET ADDRESS 4707 NW 53 Ave, Suite A
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

Anne M. Wallace

Sec/Treasurer 4/28/98 252 277 2240

CR2E034 (10/97)