H

PROFIT CORPORATION, ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham*

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037704 (8)

CAMPUSCUTS, INC.

Principal	Place	of	Business

2302 SE 12TH STREET
GAINESVILLE FL 32004
32541

Mailing Address

P.O. DRAWER 13475 GAINESVILLE FL 32604 FILED Jul 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

04/25/1997

21 3302 SE \ 21" S	the ling Address P.O. DR. P.W.	IER 13475	FEI Number	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	le FLA.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	Zip	Country	Trust Fund Contribution This corporation owes or has paid the co	Added to Fees
24 3260 25 War		30 Warhur	Personal Property Tax due June 30.	Yes No
	s of Current Registered Agent		Name and Address of New Registere	d Agent
RATLIFF, COLEN M JR		81 Name		
2302 SE 12TH STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32604		83		
		24		
		84 City	F	L 85 Zip Code
Pursuant to the provisions of Section	ons 607.0502 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the ag	of changing its registered
agent. I am familiar with, and accep	ot the obligations of, Section 607.0505, Flo	rida Statutes.		· · · · · · · · · · · · · · · · · · ·
SIGNATURE	m parlelly	<u> </u>	,	<u> 10 </u>
	FICERS AND DIRECTORS	Registered Agent signature requ	pired whon reinstating) DATE.	
TITLE D	DELETE	1.1 TITLE		Change Addition
NAME - RATLIFF, COLEN M	JR agaz ce prost	1.2 NAME		— · · · · ·
STREET ADDRESS P.O. BOX 13454	9505 2015 8.	1.3 STREET ADDRESS		
CITY-ST-ZI GAINESVILLE FL 32	14986 - 4700 and 1939 - 339 Al	1.4 CITY-ST-7IP		
TITLE 2207 SS	18 0502, 5€ 1275 st 2004 - 2: an exilla 33641 € 1210 8t , □ DELETE	2.1 TITLE		Change Addition
		2.2 NAME		
STREET ADDRESS Stanseull	4, a.o. 32641	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2 4 CITY-ST-ZIP		Change Addition
TITLE NAME.	DETELE	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME 3.3 STREET ADDRESS		
City-St-ZiP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		• —
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZłP		
TITLE	DELETE	5.1 1ITLE	·	Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELEX	5.4 CITY-S1-ZIP		1 06 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THLE	☐ DELETE	6.1 THILE		Change Addition
NAME STREET ADDRESS		6.2 NAME		₩ ``.o'
CITY-ST-ZIP		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	for a for the control of the form of the f	1/
in 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 of	certify that the information
indicated on this annual report or su	upplemental annual report is true and accu or the receiver or trustee empowered to e	irate and that my signatu	ure shall have the same legal effect as if made upured by Chapter 607, Florida Statutes; and that	under oath; that I am an

~ ag.0+