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

CORPORATION ANNUAL REPORT

1998

2831 N.W. 41ST ST. STE. H GAINESVILLE FL 32606

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

2831 N.W. 41ST ST. STE. H

GAINESVILLE FL 32606

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000105198 (0)

| SEVILLE OF GAINESVILLE, | ING. |
|-----------------------------|-----------------|
| | |
| | |
| Principal Place of Business | Mailing Address |

FILED Feb 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

7eb 06 1998 (352)3758593

3. Date Incorporated or Qualified 12/15/1997

| | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
|--|---|---------------------------------------|---|--|------------------------------|--|
| 21 | | 26 | | 59-3482260 | Not Applicable | |
| Suite, Apt | #, etc. | Suite, Apt. #, atc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | 27 | | C. Certificate of Status Desired | Fee Required | |
| City & State | 9 | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | <u>-</u> | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Z(p | Country | 8. This corporation owes or has paid the co | | |
| 24 | 25 | [29] | [30] | Personal Property Tax due June 30. | Yes No | |
| 200 | 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DOUBLEON CADY C 81 Name | | | | | |
| DOURSON, GART G | | | 142/110 | | | |
| 2831 N.W. 41ST ST. STE. H | | 82 Street Addr | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| GAINESVILLE FL 32606 | | 92 | 83 | | | |
| 1 | | | 100 | | ł | |
| | | | 84 City | FI | 85 Zip Code | |
| 44 Discussion | to the considerate of Continue COT (1) | 00 4 007 41 00 11 14 - 014 4 | | | | |
| office or re | egistered agent, or both, in the Sta | te of Horida. Such change was a | authorized by the corporat | poration submits this statement for the purpose ion's board of directors. I hereby accept the ap | or changing its registered | |
| agent la | m lamiliar with, and accept the obli | igations of, Section 607.0505, Flo | orida Statutes. | | | |
| SIGNATURE | Signature, typed or protect name of registered a | | Registered Agent signature requir | ed when reinstating) DATE | | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | ND DIRECTORS IN 12 | |
| TITLE | DP | DELETE | 1.1 TITLE | ABBITTOTOTOT INTOCO TO OTT TOES TO YE | Change Addition | |
| NAME | DOUNSON, GARY G | | 1.2 NAME | | | |
| STREET ADDRESS | 3952 N.W. 29TH LANE | | 1.3 STREET ADORESS | • | | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | | 14007 01 700 | | | |
| TITLE | DV | DELETE | 2.1 TITLE T | INTRON, CLEMENTE JR 1085W 2nd Court ialnesulle, FL 326 | Change [] Addition | |
| NAME | CINTRON, CLEMENTE JR. | _ | 22 NAME | INTRON, CLEMENTE JR | | |
| STREET ADDRESS | P.O. BOX 140565 | | 23 STREET ADDRESS 3 | 1085W 2 " Court | · | |
| CITY-ST-ZIP | GAINESVILLE FL 32814 | | 2.4 CITY-ST-ZIP | Salmerulle EL 326 | :01 | |
| TITLE | DTS | DELETE | 3.1 TITLE | 1 2 1 2 1 | Change Addition | |
| NAME | TONNELIER, TOM | <u></u> | 3.2 NAME | | | |
| STREET ADDRESS | 2500 N.W. 19TH WAY | | 3 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | | 3.4. CITY-ST-ZIP | | ſ | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | ţ | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | |
| NAME (| | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | ł | |
| TITLE | l | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | İ | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |
| 14 I hereby c | certify that the information supplied | with this filing does not qualify for | or the exemption stated in | Section 119.07(3)(i), Florida Statutes. 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 affachiment with an address. | | | | | | |
| SIGNATURE: Street & 1) 074 44 20 6 D6 1998 (352)3758593 | | | | | | |
| SIGNATURE: / day /d /) Organia 50 h 1/6 / 998 (35) (3837) | | | | | | |