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

Mailing Address

305 N.E. 1ST STREET

GAINESVILLE FL 32601

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000106928

Principal Place of Business

305 N.E. 1ST STREET

GAINESVILLE FL 32601

FLORIDA 1-75 MANAGEMENT COMPANY, INC.

						3. Date incorporated or Qualifed		
	•					12/22/1997		
2. Principal Pl	ace of Business	2a. Mailing Add	ress			4. FEI Number Applied For	г	
21		26				59-3483298 Not Applica	able	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certifcate of Status Desired X \$8.75 Additional Fee Required	±1	
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible		
24	25 29 30		30	5]		Personal Property Tax.		
	9. Name and Address of Currer					10. Name and Address of New Registered Agent		
EDINGER, GARY S ESQUIRE 305 N.E. 1ST STREET				81 Name 82 Street		Address (P.O. Box Number is Not Acceptable)		
GAIN	ESVILLE FL 32601			83				
					-	85 Zip Code		
				84	City	FL 85 Zip Code		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such char	nge was authorize	d by	the corpo	d corporation submits this statement for the purpose of changing its registere coration's board of directors. I hereby accept the appointment as registered	ed	
SIGNATORE	Signature, typed or printed name of registered age	nt and title if applicable.		Agen	i signature re	required when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	P		DELETE 1.1 TI	TLE		D Change XAd	ашоп	
NAME	SULLIVAN, JERRY		1.2 N	AME		Jerry Sullivan	İ	
STREET ADORESS	17035 S.E. CR 234		1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	MICANOPY FL 32667		1.4 C	ITY-ST	r-zip			
TITLE			DELETE 2.1 TI	ΠLE		☐ Change ☐ Ad	dition	
NAME			2.2 N	AME	1		(
STREET ADDRESS			2.3 S	TREET	T ADDRESS	,		
CITY-ST-ZJP			2.40	ITY-S	T-ZIP			
TITLE			DELETE 3.1 TI	ITLE		☐ Change ☐ Ad	Idition	
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			3.4. 0	HY-S	iT-ZiP			
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1				ITY-\$1	1			
CITY-ST-ZIP			DELETE 5.1 TI			☐ Change ☐ Ad	Idition	
NAME			5.2 N					
STREET ADDRESS			5.3 S	TREET	T ADDRESS			
i			540	ITY-S	T-ZIP			
CITY-ST-ZIP TITLE			DELETE 6.1 T			☐ Change ☐ Ad	dition	
1			6.2 N		1			
NAME					TADDRESS	;		
STREET ADDRESS								
CITY-ST-ZIP	partific that the information supplied w	ith this filing does not	qualify for the eye	ITY-S1	ion stated	Lead in Section 119.07(3)(i), Florida Statutes. I further certify that the information	ion J	
: al: a- a 6 a- al	+-:	d annual canonic take	and accurate and	t that	t mu ciana	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in ed.		

SIGNATURE:

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90089 020 ***158.75

DO NOT WRITE IN THIS SPACE