

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
May 05 1997 8:00am
Secretary of State

DOCUMENT # S53906 (1)
1. Corporation Name
B.C.R. OF GAINESVILLE, INC.



Principal Place of Business
**7112 WEST UNI AVE
GAINESVILLE FL 32607
US**

Mailing Address
**7112 WEST UNI AVE
GAINESVILLE FL 32607
US**

3. Date incorporated or Qualified **05/20/1991** 3a. Date of Last Report **05/13/1996**

2. Principal Place of Business
21 **GAINESVILLE part.**
Suite, Apt. #, etc.
22 **7104 West uni ave**
City & State
23 **GAINESVILLE FL.**
Zip
24 **32607** Country
25 **ALACHUA**

2a. Mailing Address
26 **GAINESVILLE int.**
Suite, Apt. #, etc.
27 **7104 west uni ave**
City & State
28 **GAINESVILLE FL.**
Zip
29 **32607** Co
30 **FLORIDA**

4. FEI Number **59-3066788** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWAN JR, CECIL A
8018 SW 17TH PL
GAINESVILLE FL 32607

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL 85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 **Cecil Cowan** *Cecil Cowan* **4/29/97**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COWAN, CECIL	
STREET ADDRESS	8018 SW 17TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	COWAN, RITA L	
STREET ADDRESS	8018 SW 17TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	Cecil A. Cowan, Jr.	
1.3	8018 S.W. 17th Pl.	
1.4	GAINESVILLE, FL. 32607	
2.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2		
2.3		
2.4		
3.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2		
3.3		
3.4		
4.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2		
4.3		
4.4		
5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1		
5.2		
5.3		
5.4		
6		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1		
6.2		
6.3		
6.4		

14. I do hereby certify that the information supplied with this filing does not qualify for 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 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Cecil Cowan - III* **CECIL A. COWAN** **352-332-3338**

CR2E034 (9/96)