

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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S 67204

1. Corporation Name

200 CREW OF GAINESVILLE, INC

Principal Place of Business

Mailing Address

4421 NW 36 DR

GAINESVILLE, FL 32605-5424

4421 NW 36 DR

GAINESVILLE, FL
32605-5424

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	7/18/91	59-3047153	Not Applicable
- Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27	☐		
City & State	City & State	6. Election Campaign Financing		\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	☐	
Zip	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		☒ Yes ☐ No
24	25			
Country	Country			
USA	USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REGAN, DONALD J.
4421 NW 36 DRIVE
GAINESVILLE, FL 32605

81 Name

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

83

84 City

FL

85 Zip Code

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 (Type or print name of signatory and date, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DONALD J. REGAN	1.2 NAME	
STREET ADDRESS	4421 NW 36 DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32605-5424	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	☐ Change ☐ Addition
NAME	LAURE K. REGAN	2.2 NAME	
STREET ADDRESS	4421 NW 36 DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32605-5424	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Donald J. Regan* DONALD J. REGAN

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98

Date

3523759006

Daytime Phone #

CR2E034 (10/97)