

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

FILED  
May 07 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 # **S85151** (6)  
1. Corporation Name  
**BARTRAM WOODS OF ALACHUA COUNTY, INC.**

Principal Place of Business  
**4509 N.W. 23RD AVENUE  
SUITE 16  
GAINESVILLE FL 32606**

Mailing Address  
**4509 N.W. 23RD AVENUE  
SUITE 16  
GAINESVILLE FL 32606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **4707 NW 53 Ave**  
Suite, Apt #, etc.

22 **Suite A**  
City & State

23 **Gainesville, FL**

24 Zip **32606** 25 Country **USA**

2a. Mailing Address

26 **4707 NW 53 Ave**  
Suite, Apt #, etc.

27 **Suite A**  
City & State

28 **Gainesville, FL**

29 Zip **32606** 30 Country **USA**

3. Date Incorporated or Qualified

**10/04/1991**

4. FEI Number

**59-3087298**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WALLACE, HOWARD K JR  
8021 NE 221 STREET  
MELROSE FL 32668**

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and to whom applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **WALLACE, HOWARD K., JR.**  
STREET ADDRESS **4509 NW 23RD AVE #16**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **STDV** ☐ DELETE  
NAME **WALLACE, ANNE M**  
STREET ADDRESS **4509 NW 23 AVE #16**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **4707 NW 53 Ave, Suite A**  
1.4 CITY-ST-ZIP **Gainesville, FL 32606**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **4707 NW 53 Ave, Suite A**  
2.4 CITY-ST-ZIP **Gainesville, FL 32606**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: **Anne M. Wallace**

Sec./Treasurer

4/28/98

352-377-2240

CR2E034 (10/97)