FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F71244** **(0)**

1. Corporation Name

COLD SPRINGS VILLAGE, INC.

Principal Place of Business	Mailing Address
149 BROCK STREET, P.O. BOX 100 THAMESFORD, ONTARIO N0M 2M0 CANADA	149 BROCK STREET, P.O. BOX 100 THAMESFORD, ONTARIO N0M 2M0 CANADA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 59-2274185	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

TAGUE, BRIAN P.
SOUTHEAST FINANCIAL CENTER, STE 4500
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131-9387

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Deceased	☒ Change ☐ Addition
NAME	BEATY, W H	12 NAME	BEATY, W.H.	
STREET ADDRESS	149 BROCK STREET	13 STREET ADDRESS	149 BROCK STREET	
CITY-ST-ZIP	THAMESFORD, ONTARIO	14 CITY-ST-ZIP	THAMESFORD, ONTARIO N0M 2M0 CANADA	
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	LEROUX, GEORGE D	22 NAME		
STREET ADDRESS	149 BROCK ST., BOX 100	23 STREET ADDRESS		
CITY-ST-ZIP	THAMESFORD ONTARIO N0M2M-0	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE	PD	☒ Change ☐ Addition
NAME	BRALEY, G.E.	32 NAME	BRALEY, G.E.	
STREET ADDRESS	149 BROCK STREET	33 STREET ADDRESS	149 BROCK STREET	
CITY-ST-ZIP	THAMESFORD, ONTARIO	34 CITY-ST-ZIP	THAMESFORD, ONTARIO N0M 2M0 CANADA	
TITLE	VPD	41 TITLE		☐ Change ☐ Addition
NAME	COWAN, THOMAS F	42 NAME		
STREET ADDRESS	149 BROCK ST., #BOX 100	43 STREET ADDRESS		
CITY-ST-ZIP	THAMESFORD, ONTARIO N0M2M-0	44 CITY-ST-ZIP		
TITLE		51 TITLE	VTO	☐ Change ☒ Addition
NAME		52 NAME	BRILLON, M.G.	
STREET ADDRESS		53 STREET ADDRESS	149 BROCK STREET	
CITY-ST-ZIP		54 CITY-ST-ZIP	THAMESFORD, ONTARIO N0M 2M0 CANADA	
TITLE		61 TITLE	SO	☒ Change ☐ Addition
NAME		62 NAME	KOEBEL, E.J.	
STREET ADDRESS		63 STREET ADDRESS	149 BROCK STREET	
CITY-ST-ZIP		64 CITY-ST-ZIP	THAMESFORD, ONTARIO N0M 2M0 CANADA	

6/13

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Gary E. Braley April 19, 1995 (519) 285-3940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040283 IN