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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 NOM 2MO CANADA	149 BROCK STREET. P.O. BOX 100 THAMESFORD. ONTARIO NOM 2MO CANADA

3. Date Incorporated or Qualified: **03/17/1982**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2274185** ☐ 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
OSWALD, DOUGLAS H
21 NORTHEAST FIRST AVENUE
P O BOX 1148
OCALA FL 34478

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 _____ 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEROUX, GEORGE D		1.2 NAME		
STREET ADDRESS	149 BROCK ST., BOX 100		1.3 STREET ADDRESS		
CITY-ST-ZIP	THAMESFORD ONTARIO		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRALEY, G.E.		2.2 NAME		
STREET ADDRESS	149 BROCK STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	THAMESFORD, ONTARIO NOM-2M0		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COWAN, THOMAS F		3.2 NAME		
STREET ADDRESS	149 BROCK ST., #BOX 100		3.3 STREET ADDRESS		
CITY-ST-ZIP	THAMESFORD, ONTARIO		3.4 CITY-ST-ZIP		
TITLE	VTO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRILLON, M.G.		4.2 NAME		
STREET ADDRESS	149 BROCK ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	THAMESFORD, ONTARIO NOM-2M0		4.4 CITY-ST-ZIP		
TITLE	VO	☐ DELETE	5.1 TITLE	VO	☒ Change ☐ Addition
NAME	DULEY, CONSTANCE		5.2 NAME	Duley, Constance	
STREET ADDRESS	P. O. BOX 802		5.3 STREET ADDRESS	11574 KENNESAW RD.	
CITY-ST-ZIP	DUNNELLON FL		5.4 CITY-ST-ZIP	Dunnellon, FL. 34431	
TITLE	D	☐ DELETE	6.1 TITLE	SO	☐ Change ☒ Addition
NAME	MARLING, JOHN		6.2 NAME	KOEBEL, E.J.	
STREET ADDRESS	8911 TIBET BAY DRIVE		6.3 STREET ADDRESS	149 BROCK STREET	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	THAMESFORD, ONT NOM 2MO	

CR2E034 (9/96)

14. I do 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: SIGNATURE REQUIRED MARCH 11/97 519-285-3940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0626501