

**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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN -9 AM 9: 31

**DOCUMENT # G84789 (8)**  
1. Corporation Name  
**JUNIPER SPRINGS CANOE RENTAL AND RECREATION, INC.**

Principal Place of Business 24860 N.E. 147TH PLACE FT MCCOY FL 32134	Mailing Address 24860 N.E. 147TH PLACE FT MCCOY FL 32134
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/08/1984</b>	3a. Date of Last Report <b>04/26/1994</b>
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2. Principal Place of Business 21	2a. Mailing Address 25	4. FEI Number <b>59-2380035</b>	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 <b>PO Box 70376</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 City & State	28 <b>OCALA FL</b>	6. This corporation files liability for interjurisdictional tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 County	29 <b>3479</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>HANDLEY, JANICE RT 3 BOX 1195 FT MCCOY FL 32637</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			<b>FL</b>
			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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONARD, LOIS</b>	1.2 NAME	
STREET ADDRESS	<b>RT.5,BOX 1195</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MCCOY FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANDLEY, JANICE</b>	2.2 NAME	
STREET ADDRESS	<b>RT. 3, BOX 1195</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT.MCCOY FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANDLEY, THOMAS R.</b>	3.2 NAME	
STREET ADDRESS	<b>RT. 3, BOX 1195</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT.MCCOY FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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:

*Janice Handley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JANICE HANDLEY**

6-7-95

904-625-3147