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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

**FILED** Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (3) J38226 FLORIDA FANS OF SPRING HILL, INC. Principal Place of Business Mailing Address 5135 COMMERCIAL WAY 2234 SAND BAY DR HOLIDAY FL 34691 DO NOT WRITE IN THIS SPACE SPRINGHILL FL 34606 3. Date Incorporated or Qualified 10/16/1986 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2768 180 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DUPUIS, PAUL H. 2234 SAND BAY DR **B2** HOLIDAY FL 34691 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE TITLE 1.1 TITLE **DUPUIS DARLINE** Darline 1.2 NAME NAME 2231 SAND BAY DR. STREET ADDRESS 1.3 STREET ADDRESS HOLIDAY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-SI-ZIP DELETÉ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 6 1 TITLE ☐ Change Addition

6.2 NAME

14. I hereby certify that the information supplied with this filling 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 pame appears in Block 13 if changed, or or an attachment with an oddress.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP