

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077787 (7)**

1. Corporation Name

HERNANDO SPRINGS CORPORATE, INC.

Principal Place of Business

Mailing Address

8931 N. FLORIDA AVE.
TAMPA FL 33604

8931 N. FLORIDA AVE.
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/24/1994** 3a. Date of Last Report

10/24/1994

4. FEI Number

59-3275132

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**

7. This corporation has liability for intangible tax under S. 199.002,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **1733 W. Fletcher Ave.**

26 **1733 W. Fletcher Ave.**

State, Apt. #, etc.

State, Apt. #, etc.

22 **Tampa, Fl.**

27 **Tampa, Fl.**

City & State

City & State

23 **33612**

28 **33612**

Zip

County

Zip

County

9. Name and Address of Current Registered Agent

**WALTERS, CLIFFORD L
802 11TH ST. WEST
BRADENTON FL 34205**

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 of Registered Agent)

(Signature of Registered Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

**P/S/T/D/
Leonard G. Levin
1733 W. Fletcher Ave.
Tampa, Fl. 33612**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

**V
Steven Levin
1379 Lyon's Rd.
Coconut Creek, Fl. 33063**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

**V/AS
Suzanne Rice
1733 W. Fletcher Ave.
Tampa, Fl. 33612**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

**V/D
Richard Levin
7646 Lockwood Ridge Rd.
Sarasota, Fl. 34243**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

**D
Mark A. Ferrucci
1733 W. Fletcher Ave.
Tampa, Fl. 33612**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(1)(k), Florida Statutes. I further certify that the information included 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 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard Levin

4/13/95

813-935-8154

Date

Telephone Number