

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 343123 (6)

1. Corporation Name

CRYSTAL SPRINGS ESTATES, INC.

Principal Place of Business

40 RANCH RD.
THONOTOSASSA FL 33592

Mailing Address

40 RANCH RD.
THONOTOSASSA FL 33592



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1969		3a. Date of Last Report 04/25/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1286082		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMAS, ROBERT 40 RANCH RD. THONOTOSASSA FL 33592				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 typed in printed block 12 or 13 if changed, and in block 14 if not changed.

Signature typed in printed block 13 if changed, and in block 14 if not changed.

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, ROBERT M	1.2 NAME	
STREET ADDRESS	50 RANCH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, ROBERT	2.2 NAME	
STREET ADDRESS	40 RANCH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 119.073(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 its successor or transferor 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, and in block 14 if not changed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Thomas, President

3/29/96

(813) 986-5788

Date of Print

CR2E034 (12/95)