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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of States

DIVISION OF CORPORATIONS

DOCUMENT #

(4)

FILED Feb 12 1998 8:00am Secretary of State

ROYAL BL	.UE SPRINGS, INC.										
Principal Place of Business Mailing Address						- 100160 11111 01016 60110 1	199 1 19819 111	OI OINFI DINII		DIDAL BIDAL IDDI	
RT 3. BOX 230 515 NORTH FLAGLER DRIVE JASPER FL 32052		RT 3. BOX 200 2 7 P - A 515 NORTH FLAGLER DRIVE JASPER FL 32052						EIN THIS	SPACE		
U\$		US			3. Date Incorporated or 0 07/10/1969	Jualified					
2. Principal Place	of Business	2a, Mailing Address				4. FEI Number NOT APPLICAE	a E		_	Applied For Not Applicable	
Suite, Apt. #, etc.		•	Suite, Apt. #, etc			5. Certificate of Status De				5 Additional	
City & State		City & State				Election Campaign Fin Trust Fund Contributio	_			00 May Be led to Fees	
Zip 24	Country 25	Z(p)	Country 30			6. This corporation owes Personal Property Tax		_	rent year	Intangible No	
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
L.A. METHVIN 311 MAIN ST				81 82	Name						
	FL 32066				Street Addre	et Address (P.O. Box Number is Not Acceptable)					
				63							
				84	City		· · · · · · · · · · · · · · · · · · ·	FL	. `` -	Zip Code	
11. Pursuant to the office or registagent. I am fa	ne provisions of Sections 607 stored agent, or both, in the Samiliar with, and accept the o	.0502 and 607.1508, Florida S State of Florida. Such change bligations of, Section 607.050	Statutes, the was authoriz 5, Ftorida St	above ed by alutes	e-named corporation	oration submits this statement on's board of directors. I here	t for the p by accep 6	ourpose of of the app	r changin ointment	g its registered as registered	
SIGNATURE 5	A METHUN	Mesicent ed agreed and title it application	(NOTE singiste	(ed Age	ent signature require	od when reinstating)	9 V	7 /	998		

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Addition ☐ Change 1.1 TITLE TITLE LA METHVIN NAME 1.2 NAME 311 MAIN ST STREET ADDRESS 1.3 STREET ADDRESS MAYO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DAVID FLETCHER Change
5107 NORTH Ridge Rd South DELFTE TITLE 2.1 TITLE **BRENO A.L. HUNTER** NAME 2.2 NAME RT 2 BOX 204 STREET ADDRESS 2.3 STREET ADDRESS VALLOSTA GA 3/602 LAKE CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE DEBORAH C. HALL NAME 3.2 NAME 2461 JAY BRIDGE P.O. BOX 1084 STREET ADORESS 3.3 STREET ADDRESS DAHLONEGA GA CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE 4.1 TITLE Change Addition LORRIE L. FLETCHER NAME 4. 2 NAME 5107 NORTH RIDGE RD SOUTH STREET ADDRESS 4.3 STREET ADDRESS VALDOSTA GA CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE 5.1 TITLE Change ___ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITL€ NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I horeby 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.

CITY-ST-ZIP

SIGNATURE:

LA METHUIN

1-9-98

904.938.3882