FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **496453** **(2)**

1. Corporation Name
GINNIE SPRINGS, INC.

Principal Place of Business	Mailing Address
7300 NE GINNIE SPRINGS RD. HIGH SPRINGS FL 32643	7300 NE GINNIE SPRINGS RD. HIGH SPRINGS FL 32643-9140

3. Date Incorporated or Qualified: 02/11/1976
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-1650713 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLLAND, W, LANGSTON
125 - 28TH ST NO
ST PETERSBURG FL 33713

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PV	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WRAY, BARBARA D SUGGS		1.2 NAME	SUGGS, BARBARA WRAY	
STREET ADDRESS	7300 N.E. GINNIE SPRG RD		1.3 STREET ADDRESS	113 GINNIE SPRINGS RD.	
CITY-ST-ZIP	HIGH SPRINGS FL		1.4 CITY-ST-ZIP	HIGH SPRINGS, FLA 32643	
TITLE	ST	☐ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	WRAY-KLEMANS, RISA		2.2 NAME	KLEMANS, RISA WRAY	
STREET ADDRESS	7300 NE GINNIE SPRINGS RD		2.3 STREET ADDRESS	101 GINNIE SPRINGS RD.	
CITY-ST-ZIP	HIGH SPRINGS FL		2.4 CITY-ST-ZIP	HIGH SPRINGS, FLA 32643	
TITLE		☐ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME			3.2 NAME	RHONDA WRAY JOHNSON	
STREET ADDRESS			3.3 STREET ADDRESS	5360 N.E. 58TH TERRACE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	HIGH SPRINGS, FLA 32643	
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME			4.2 NAME	MARK D. WRAY	
STREET ADDRESS			4.3 STREET ADDRESS	7600 N.E. GINNIE SPRINGS RD.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	HIGH SPRINGS, FLA 32643	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby 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.

SIGNATURE: Barbara Wray Suggs 4/16/97 (PRESIDENT)