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FILED

Mar 04 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 # 543655 (5)

1. Corporation Name  
SPRING LAKE REALTY, INC.

Principal Place of Business

119 BELLVIEW AVE.  
P.O. BOX 1483  
LAKE PLACID FL 33852

Mailing Address

119 BELLVIEW AVE.  
P.O. BOX 1483  
LAKE PLACID FL 33852-8592

2. Principal Place of Business

21 SPRING LAKE REALTY INC 25 P.O. BOX 1483

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 6104 USHWY. 98

27

City & State

City & State

23 SEBRING, FL. 33870

28 LAKE PLACID,

Zip

Country

Zip

Country

24 33870

25 HIGHLANDS

29 33862

30 HIGHLANDS

9. Name and Address of Current Registered Agent

NORRIS, NEIL  
6108 WILSON TERR.  
SEBRING FL 33870

3. Date Incorporated or Qualified

08/23/1977

3a. Date of Last Report

03/18/1996

4. FEI Number

59-1832131

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

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 person or printed name of registered agent and title if applicable

NEIL NORRIS-BROKER-OWNER

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME NORRIS, NEIL  
STREET ADDRESS 6108 WILSON TERRACE  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

NEIL NORRIS -BROKER-OWNER

Date

Daytime Phone #

941-658-2240

CR2E034 (9/96)