

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

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90001 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 586001

1. Corporation Name

SPRINGTHROP, INCORPORATED

Principal Place of Business

5800 COLONIAL DR.  
SUITE 101  
MARGATE FL 33063

Mailing Address

5800 COLONIAL DR.  
SUITE 101  
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1978

2. Principal Place of Business

21 708 MC DONALD ST.

2a. Mailing Address

26 708 MC DONALD ST

4. FEI Number

59-1860529

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 LAKE LAND FL

City & State

28 LAKE LAND FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 33803

Country

25 USA

Zip

29 33803

Country

30 USA

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SPRINGTHORPE, ROBERT  
258 N. STATE ROAD 7  
MARGATE, FLORIDA DM 33063

10. Name and Address of New Registered Agent

81 Name

ROBERT SPRINGTHORPE

82 Street Address (P.O. Box Number is Not Acceptable)

708 MC DONALD ST

83

84 City

LAKE LAND

FL

85

Zip Code

33803

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 *Robert Springthorpe*  
Signature, typed or printed name of registered agent and title if applicable.

ROBERT SPRINGTHORPE  
(NOTE: Registered Agent signature required when reinstating)

1/19/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE VPD  
NAME SPRINGTHORPE, ROBERT  
STREET ADDRESS 258 N. STATE ROAD 7  
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE ST  
NAME SPRINGTHORPE, MARILYN  
STREET ADDRESS 258 N. STATE ROAD 7  
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD  
1.2 NAME SPRINGTHORPE ROBERT  
1.3 STREET ADDRESS 708 MC DONALD ST  
1.4 CITY-ST-ZIP LAKE LAND FL 33803

☒ Change

☐ Addition

2.1 TITLE ST  
2.2 NAME SPRINGTHORPE MARILYN  
2.3 STREET ADDRESS 708 MC DONALD ST  
2.4 CITY-ST-ZIP LAKE LAND FL 33803

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Robert Springthorpe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 683-3325  
Date Daytime Phone #

CR2E034 (11/98)