

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

FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 588639 (5)
1. Corporation Name
SPRING LANDING ASSOCIATES, INC.

Principal Place of Business 412 NE 16TH AVE. STE 130 POB 1776 GAINESVILLE FL 32601	Mailing Address 412 NE 16TH AVE. STE 130 POB 1776 GAINESVILLE FL 32601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/05/1978		4. FEI Number 59-1876626		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEE, DENNIS G. 412 N.E. 16TH AVE. GAINESVILLE, FL 32601				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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	NAME	LEE, DENNIS	1.1 TITLE		1.2 NAME	
STREET ADDRESS	412 NE 16 AVENUE			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	GAINESVILLE, FL 00000			2.1 TITLE		2.2 NAME	
TITLE	ASV	NAME	LEE, CARIDAD	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS	412 NE 16TH AVENUE			3.1 TITLE		3.2 NAME	
CITY - ST - ZIP	GAINESVILLE, FL 00000			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	AS Davies	NAME	CHAPMAN, LISA S.	4.1 TITLE		4.2 NAME	
STREET ADDRESS	412 N.E. 16TH AVE.			4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP	GAINESVILLE FL			5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	

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

SIGNATURE: DENNIS G. LEE, JR. 3-5-98 334-1976 (352)

CR2E034 (10/97)