

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

Mar 13 1997 8:00am
Secretary of State



DOCUMENT # 607376
1. Corporation Name
VORTEX SPRINGS, INCORPORATED

(1)

Principal Place of Business
RT. 2, BOX 650
PONCE DE LEON FL 32455

Mailing Address
RT. 2, BOX 650
PONCE DE LEON FL 32455-9504

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

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

9. Name and Address of Current Registered Agent
DOCKERY, DARYL
RT. 2, BOX 650
PONCE DE LEON FL 32455

3. Date Incorporated or Qualified
01/22/1979

3a. Date of Last Report
01/31/1996

4. FEI Number
59-2004494

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. I, the undersigned, being a resident qualified person, do hereby certify that I am a duly authorized officer or director of the corporation and I am authorized to execute 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 acknowledge with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
12.1 NAME
12.2 STREET ADDRESS
12.3 CITY - ST - ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY - ST - ZIP
12.8 TITLE
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12.100 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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13.4 CITY - ST - ZIP
13.5 TITLE
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13.100 CITY - ST - ZIP

14. I declare under oath 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 furnished 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 does not appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]
3-10-97 904836-4121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)