

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90166 024 ***150.00

DOCUMENT # 607376

1. Corporation Name

VORTEX SPRINGS, INCORPORATED

Principal Place of Business

RT. 2, BOX 650
PONCE DE LEON FL 32455

Mailing Address

RT. 2, BOX 650
PONCE DE LEON FL 32455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1979

4. FEI Number

59-2004494

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 1517 Vortex Spring Lane 25 1517 Vortex Spring Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PonceDe Leon, FL

28 PonceDe Leon, FL

Zip Country

Zip Country

24 32455 25 Holmes

29 32455 30 Holmes

9. Name and Address of Current Registered Agent

DOCKERY, DARYL
RT. 2, BOX 650
PONCE DE LEON FL 32455

10. Name and Address of New Registered Agent

81 Name

Connie Taylor

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

1510 Vortex Spring Lane

83

Ponce De Leon, FL 32455

84 City

PonceDe Leon, FL

FL

85 Zip Code

32455

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Connie Taylor

Connie Taylor V.P.

2-25-99

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DOCKERY, DENZEL J
STREET ADDRESS RT 2 BOX 18 1/2 HWY 81
CITY-ST-ZIP PONCE DE LEON FL

DELETE

TITLE D
NAME DOCKERY, RUTH E
STREET ADDRESS RT 2 BOX 18 1/2 HWY 81
CITY-ST-ZIP PONCE DE LEON FL

DELETE

TITLE V
NAME DOCKERY, DARYL
STREET ADDRESS RT. 2, BOX 2200
CITY-ST-ZIP PONCE DE LEON 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1518 Vortex Spring Lane
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1518 Vortex Spring Lane
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE V
3.2 NAME Connie Taylor
3.3 STREET ADDRESS 1510 Vortex Spring Lane
3.4 CITY-ST-ZIP PonceDe Leon, FL 32455

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:

Connie Taylor

Connie Taylor

2-25-99 850 836-4979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)