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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

NAME

STREET ADDRESS

DOCUMENT # 677579

(5)

SOUTHERN SPRINGS DEVELOPMENT CORPORATION

Principal Place	o at Duning	Molling Addrago	·						
243 W. MAIN	ST	243 W. MAIN ST							
APOPKA FL 3	2703	APOPKA FL 32703-5144							
						3. Date Incorporated or Qualified	3a. Date		aport
Principal Place of Business						07/03/1980 4. FEI Number	U1/20	6/1996	plied For
21	race or parimess	26				59-2052377			t Applicable
Suite, Apt.	#, etc	Suite, Apt. #. otc.						\$8.75	
22		27				5. Certificate of Status Desired		Fee Re	
City & Stat	C:	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Z _i p	Country Zip			Country 8. This corporation has liability for in					. 199.032,
24	25	25 29 30 30 Name and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
		rent Registered Agent		B1	Name	10. Name and Address of New Re	distated wa	3111	
	SCICKI, DENNIS				TACATIO				
	B W. MAIN ST			B2	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
API	OPKA FL 32703		-	83					
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Stat	utes, the at	bove.	named corpo	oration submits this statement for the p	ourpose of ch	anging it	s registered
agent La	im familiar with, and accept the ob-	ligations of Section 607.0505, I	Florida Stat	tutes.	LING COMPORATE	on's board of directors. I hereby accep	or the appoin	unon as	regisiorea
SIGNATURE									
12.	Signature typed or pintled name of registered	AND DIRECTORS	OTE: Registeres	d Agen	it signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND D	IBECTOR	S IN 12
TITLE	D	DELETE	1.1 70	Tt E	Т	ADDITIONS OF THE		Change	Addition
NAME	STRUCK, KENNETH		1.2 NA		- 1			Ĭ.	
STREET ADORESS	1904 WRIGHT BLVD.		1.3 ST	TREET A	ADDRESS				
CUY-ST-ZIP	SCHAUMBURG IL			1.4 CITY-ST-ZIP					
TITLE				2.1 TITLE			L	Change	Addition
NAME	KOSCICKI, DENNIS R.			2.2 NAME					
STREET ADDRESS	243 W. MAIN ST		2 3 ST	rreet A	ADDRESS				
CHY-ST-ZIP	APOPKA FL		2.4 C	2. 4 City-S1-ZiP					
THILE		☐ DELETE	3 1 TI	TLE				Change	Addition
NAME.			32 N/	AME	<u> </u>				
STREET ADDRESS			3.3 S1	TREET	ADDRESS				
CITY- ST- ZIP			3.4. C	ITY-S	T - ZIP				
TIFLE		☐ DELETE	4.1 10	TLE			[] Change	Addition
NAME			4. 2 N	IAME					
SCHEED ADDRESS			4.3 \$1	TREET A	ADDRESS				
C-TY+S1+ZIP	and the second s			TY-\$1	· IP			1.2.	
TITLE		DELETE	5.1 Tr				L	Change	Addition
NAME			5.2 N/	AME					
STREET ADDRESS					ADDRESS				
City - ST - 7IP				ITY-ST	- ZIP			10	1.4490
Tilté	}	DELETE	6 1 TI	TLE				Change	Addition

14. If do hereby confly 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 of on an attachment with an address.

SIGNATURE:

**Control of 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 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 in 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 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 in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(

6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP