

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F41884**

(0)

1. Corporation Name

**FIRST SILVER SPRINGS, INC.**



Principal Place of Business

**2071 SE 5TH TERRACE  
BOX 411  
SILVER SPRINGS FL 34471**

Mailing Address

**2071 SE 5TH TERRACE  
BOX 411  
SILVER SPRINGS FL 34471**

3. Date Incorporated or Qualified

**08/25/1981**

3a. Date of Last Report

**12/06/1995**

4. FEI Number

**59-2143754**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEARNS, CLIFF  
2071 SE 54TH TERRACE  
OCALA FL**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature typed or printed name of registered agent (handwritten signature required when reappointing)

Signature typed or printed name of registered agent (handwritten signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ DELETE  
NAME **P STEARNS, CLIFFORD B**  
STREET ADDRESS **2071 SE 54TH TERR**  
CITY, ST, ZIP **OCALA FL 34471**

11.2 TITLE ☐ DELETE  
NAME **S STEARNS, JOAN M**  
STREET ADDRESS **2071 SE 54TH TERR**  
CITY, ST, ZIP **OCALA FL 34471**

11.3 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11.4 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11.5 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11.6 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

12.1 TITLE ☐ Change ☐ Addition  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY, ST, ZIP

21.1 TITLE ☐ Change ☐ Addition  
21.2 NAME  
21.3 STREET ADDRESS  
21.4 CITY, ST, ZIP

31.1 TITLE ☐ Change ☐ Addition  
31.2 NAME  
31.3 STREET ADDRESS  
31.4 CITY, ST, ZIP

41.1 TITLE ☐ Change ☐ Addition  
41.2 NAME  
41.3 STREET ADDRESS  
41.4 CITY, ST, ZIP

51.1 TITLE ☐ Change ☐ Addition  
51.2 NAME  
51.3 STREET ADDRESS  
51.4 CITY, ST, ZIP

61.1 TITLE ☐ Change ☐ Addition  
61.2 NAME  
61.3 STREET ADDRESS  
61.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/96**

Date & Print Name

CR2E034 (12/95)