


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

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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90015 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F71244 1. Corporation Name COLD SPRINGS VILLAGE, INC.					
Principal Place of Business 149 BROCK STREET, P.O. BOX 100 THAMESFORD, ONTARIO NOM 2MO CANADA			Mailing Address 149 BROCK STREET, P.O. BOX 100 THAMESFORD, ONTARIO NOM 2MO CANADA		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 03/17/1982 4. FEI Number 59-2274185 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent OSWALD, DOUGLAS H 21 NORTHEAST FIRST AVENUE P O BOX 1148 OCALA FL 34478			10. Name and Address of New Registered Agent 81 Name Cold Springs Financial Corporation 82 Street Address (P.O. Box Number is Not Acceptable) 2800 County Road 54 83 84 City Davenport FL 85 Zip Code 33837		
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 <u>Gary Braley</u> DATE <u>MARCH 16 1999</u> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME CD LEROUX, GEORGE D STREET ADDRESS 149 BROCK ST., BOX 100 CITY-ST-ZIP THAMESFORD ONTARIO			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME PD BRALEY, G.E. STREET ADDRESS 149 BROCK STREET CITY-ST-ZIP THAMESFORD, ONTARIO NOM-2MO			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D COWAN, THOMAS F STREET ADDRESS 149 BROCK ST., #BOX 100 CITY-ST-ZIP THAMESFORD, ONTARIO			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME VTO BRILLON, M.G. STREET ADDRESS 149 BROCK ST CITY-ST-ZIP THAMESFORD, ONTARIO NOM-2MO			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME VO DULEY, CONSTANCE STREET ADDRESS 11574 KENNESAW ROAD CITY-ST-ZIP DUNNELLON FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME D MARLING, JOHN STREET ADDRESS 8911 TIBET BAY DRIVE CITY-ST-ZIP ORLANDO FL			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME SO KOEBEL, E. JANE 6.3 STREET ADDRESS 149 Brock Street 6.4 CITY-ST-ZIP Thamesford, Ontario NOM 2MO		

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:

Gary Braley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 16, 1999

Date

519-285-3940

Daytime Phone #

CR2E034 (1/1/99)