

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

**FILED**

**Jan 22 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F93000001724 (4)**

1. Corporation Name  
**MILL SPRING HOLDINGS, INC.**

Principal Place of Business  
**2001 ROSS AVE., SUITE 3200  
DALLAS TX 75201**

Mailing Address  
**2001 ROSS AVE., SUITE 3200  
DALLAS TX 75201-2827**



3. Date Incorporated or Qualified **04/01/1993** 3a. Date of Last Report **02/05/1996**

4. FEI Number **75-2458358** 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

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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. 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 of person authorized to change registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VP  
PUCKETT, SARAH**  
STREET ADDRESS **2001 ROSS AVENUE, SUITE 3200**  
CITY - ST - ZIP **DALLAS TX**

TITLE ☐ DELETE

NAME **VP  
WISE, PHILLIP J**  
STREET ADDRESS **2001 ROSS AVE., SUITE 3500**  
CITY - ST - ZIP **DALLAS TX**

TITLE ☐ DELETE

NAME **VP  
FISH, SUSAN L**  
STREET ADDRESS **2001 ROSS AVE., SUITE 3200**  
CITY - ST - ZIP **DALLAS TX**

TITLE ☐ DELETE

NAME **AS  
CLOSE, JACKIE**  
STREET ADDRESS **2001 ROSS AVE., SUITE 3500**  
CITY - ST - ZIP **DALLAS TX 75201**

TITLE ☐ DELETE

NAME **VP  
HOGAN, TIMOTHY J**  
STREET ADDRESS **3200 TRAMMELL CROW CENTER**  
CITY - ST - ZIP **DALLAS TX 75201**

TITLE ☐ DELETE

NAME **VP  
GROENTEMAN, SUSAN T**  
STREET ADDRESS **3200 TRAMMELL CROW CENTER, 2001 ROSS AVE.**  
CITY - ST - ZIP **DALLAS TX 75201**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **PD  
Crow, Harlan R**  
1.3 STREET ADDRESS **2001 Ross Ave., Suite 3200**  
1.4 CITY - ST - ZIP **Dallas TX 75201**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **& V.P.  
Crow, Trammell S.**  
2.3 STREET ADDRESS **2001 Ross Ave**  
2.4 CITY - ST - ZIP **Dallas TX 75201**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jackie Close*

Date Daytime Phone #

**1-5-97 863 4247**

CR2E034 (9/96)