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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # G11056

(0)

DEVIL'S EYE SPRINGS, INC.

| Principal | rtac | ce of Bu | ISINESS | | |
|-----------|------|---------------|----------------|------|--|
| 7600 | NE | GINNIE | SPRINGS | ROAD | |

HIGH SPRINGS FL 32643

Mailing Address

7600 ME GINNIE SPRINGS ROAD HIGH SPRINGS FL 32643



| | | | | | 11/30/1982 | 04/0 | 3/1995 |
|--|---|--------------------------|--|--|--|--------------------|-------------------------------|
| 2. Principal Plac | ce of Business | 2a. Maihng Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | 59-2236972 | | Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. 27 | c. | | 5. Certificate of Status Desired | | .75 Additional ee Required |
| City & State 28 | | City & State | ¬ı . | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be idded to Fees |
| Zip | Country | Zφ | Coc | intry | 8. This corporation has liability for it | • | ers 199.032, |
| 24 | 25 | 29 | 30 | · · · · · · · · · · · · · · · · · · · | Florida Statutes | | |
| | 9. Name and Address of Current | Registered Agent | | 04 1 | 10. Name and Address of New R | egistered Ageni | <u>t</u> |
| | | | | 81 Nan-e | | | |
| | ND, W LANGSTON | | | 82 Street Add | lress (P.O. Box Number is Not Acceptab | e) | |
| | TH ST, NORTH | | | ļ | | | |
| ST. PE | ERSBURG FL 33733 | | | 83 | | | |
| | | | | 84 City | | 85 | Zip Code |
| | | | | | oration submits this statement for the pur | PL | • |
| familiar with SIGNATURE | d agent, or both, in the State of Florida, and accept the obligations of, Sections of the state | on 607.0506, Florida Sta | itutes | corporation's boal | and of directors. Thereby accept the appoint | ointment as regist | ered agent. I am |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRE | CTORS IN 12 |
| THTLE | PST | DELETE | 1 1 7 | :TLE | | ☐ Cha | nge 🔲 Addition |
| NAME | WRAY, BARBARA D SUGGS | | 12 N | AME | | | |
| | • | | | | | | |
| STREET ADDRESS | 7600 NE GINNIE SPRGS RD | 1 | 135 | TREET ADDRESS | | | |
| | 7600 NE GINNIE SPRGS RD HIGH SPRINGS FL | l | | | | | |
| STREET ADDRESS CITY+ST-ZIP TITLE | 7600 NE GINNIE SPRGS RD HIGH SPRINGS FL D | DELETE | 14C | 174 - ST - 71P | | ☐ Cha | nge 🔲 Addition |
| CITY - ST - ZIP | HIGH SPRINGS FL D | | 14C | 1TY - ST - Z1P 1TLF | | Cha | nge 🔲 Addition |
| CITY - ST - ZIP TITLE | HIGH SPRINGS FL D JOHNSON, RHONDA W. | DELETE | 14C 21T 22N | 1TY - ST - Z1P 1TLF | | ☐ Cha | nge 🔲 Addition |
| CITY - ST - ZIP TITLE NAME | HIGH SPRINGS FL D | DELETE | 14C 21T 22N 23S | 1TY - ST - 71P 1TLF AME | | ☐ Cha | nge 📄 Addition |
| CITY - ST - ZIP TITLE NAME STREET ADDRESS | HIGH SPRINGS FL D JOHNSON, RHONDA W. 7300 NE GINNIE SPRGS RD | DELETE | 14C 21T 22N 23S 24C | TY - ST - ZIP TLE AME IREST ADDRESS ITY - ST - ZIP | | ☐ Cha | |
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certify that the information indicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under c. th; that I am an officer or director of the corporation or the feederer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and Inat my name a, pears in Block 12 or Block 13 if Junged, or or an attachisent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR J

4/24/96

904-454-2202 Castrie Provinsi