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Apr 21 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 # **G11056** (0)

1. Corporation Name

**DEVIL'S EYE SPRINGS, INC.**

Principal Place of Business

**7600 NE GINNIE SPRINGS ROAD  
HIGH SPRINGS FL 32643**

Mailing Address

**7600 NE GINNIE SPRINGS ROAD  
HIGH SPRINGS FL 32643-9142**



2. Principal Place of Business

**7300 N.E. GINNIE SPRINGS RD**

2a. Mailing Address

**7300 N.E. GINNIE SPRINGS RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**HOLLAND, W LANGSTON  
125 28TH ST, NORTH  
ST. PETERSBURG FL 33733**

3. Date Incorporated or Qualified

**11/30/1982**

3a. Date of Last Report

**04/29/1996**

4. FEI Number

**59-2236972**

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**PST  
WRAY, BARBARA D SUGGS  
7600 NE GINNIE SPRGS RD  
HIGH SPRINGS FL**

TITLE NAME ☐ DELETE

**D  
JOHNSON, RHONDA W.  
7300 NE GINNIE SPRGS RD  
HIGH SPRINGS FL**

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**P  
SUGGS, BARBARA WRAY  
113 GINNIE SPRINGS RD.  
HIGH SPRINGS, FLA 32643**

2.1 TITLE ☒ Change ☐ Addition

**S  
JOHNSON, RHONDA WRAY  
5360 N.E. 58TH TERRACE  
HIGH SPRINGS, FLA 32643**

3.1 TITLE ☐ Change ☒ Addition

**T  
KLEMANS, RIGA WRAY  
101 GINNIE SPRINGS RD.  
HIGH SPRINGS, FLA 32643**

4.1 TITLE ☐ Change ☒ Addition

**VP  
WRAY, MARK D.  
7600 N.E. GINNIE SPRINGS RD  
HIGH SPRINGS, FLA 32643**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

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 contained 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:

*Barbara D Suggs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BARBARA D SUGGS**

**4/15/97 (904) 454-2610**  
Date Daytime Phone #

CR2E034 (9/96)