

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90004 015 ***150.00

DOCUMENT # G79996

1. Corporation Name
SPRINGS-EAST APTS., INC.



Principal Place of Business
**309 N. 9TH STREET
PO BOX 111
DEFUNIAK SPRINGS FL 32433**

Mailing Address
**309 N. 9TH STREET
PO BOX 111
DEFUNIAK SPRINGS FL 32433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1984

4. FEI Number

59-2355274

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 125 N. Davis Lane # 11
Suite, Apt. #, etc.

26 P. O. Box 111
Suite, Apt. #, etc.

22 DeFuniak Springs FL
City & State

27 DeFuniak Springs FL
City & State

23 32433 Walton
Zip Country

28 32435 Walton
Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**OSMAN, L. MICHAEL
10595 N.W. 87 AVENUE
HIALEAH GARDENS FL**

10. Name and Address of New Registered Agent

81 Name
FRANKIE MC CORMICK
82 Street Address (P.O. Box Number is Not Acceptable)
6000 Co. Hwy. 278
83
84 City
DeFuniak Springs FL
85 Zip Code
32433

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	PD	<input type="checkbox"/> DELETE
NAME	MCCORMICK, GERALD	
STREET ADDRESS	8100 W. 9 AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK, THOMAS D.	
STREET ADDRESS	10001 N.W. 133 STREET	
CITY-ST-ZIP	HIALEAH GDNS. FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK-ZALMANOFF, BREN	
STREET ADDRESS	POB 111 309 N 9TH ST	
CITY-ST-ZIP	DEFUNIAK SPRGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	Cornelia McCormick
2.4 CITY-ST-ZIP	40 Waterview Pl
3.1 TITLE	Freeport, FL 32439 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VTD
3.3 STREET ADDRESS	Frankie McCormick
3.4 CITY-ST-ZIP	6000 Co. Hwy. 278
4.1 TITLE	DeFuniak Springs, FL 32433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Frankie McCormick
Signature and typed name of signing officer or director

Date

Daytime Phone #

4-1-99 (850) 892-3394

CR2E034 (1/98)