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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

H66229

(6)

SILVER LAKE SPRINGS DEVELOPMENT COMPANY

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **X8366**XMX **X**4XX MT. DORA FL 32757 MT. DORA FL 32757 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1985 28. Mailing Address 26. 2023 W. Old Highway 441 2. Principal Place of Business 4. FEI Number Applied For 21 2023 W. Old Highway 441 59-2729044 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Mt. Dora, Mt. Dora, Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible USA 32757 24 25 USA 29 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PULLUM, J. STEPHEN 1330 W. CITIZENS BLVD. Street Address (P.O. Box Number is Not Acceptable) S-701 LEESBURG FL 34748 83 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 CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Y Change TITLE 1.1 TITLE MATSCHE, JOHN J NAME 1.2 NAME 18500 HWY 441 2023 W. O<u>ld Highwa</u>y 441 STREET ADDRESS 1.3 STREET ADDRESS Mt.Dora, Fl. 32757 MT. DORA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE JARVIS, SAM D. 2.2 NAME 11 OAKWOOD DRIVE 2.3 STREET ADDRESS STREET ADDRESS STUART FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIP DELETÉ Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information exposited with this filting 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 of 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 offanged, or on an attachment with an address.

SIGNATURE:

Hidohn II Matsche

1/7/1998

352-383-6121