FILE	NOW: FILING FEE	AFTER MAY 1	15 \$225 00		
P CORF ANNU	ROFIT PORATION AL REPORT	FLORIDA DE Sand Seci	PARTMENT OF STATE  fra B. Mortham  retary of State  DF CORPORATIONS		
DOCUN		(a reference )			
1. Corporation	Name	` '			
FLORID	A FANS OF SPRING HILL	L, INO			
Principal Place	of Business	Mailing Address			
5135 COMMERCIAL WAY SUITE K SPRINGHILL FL 34606		2234 SAND BAY DR HOLIDAY FL 34691 US			t 🙀
US US	E 34000	03		<ol> <li>Date Incorporated or Qualified</li> <li>10/16/1986</li> </ol>	3a. Date of Last Report 94/20/1995
2. Principal Place	ce of Business	2a. Mailing Address 26		4. FEI Number 59-2768180	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	<b>28</b>	Country	8. This corporation has liability for	
24	25   9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Yes  10. Name and Address of New F	
DUPUIS,	PAUL H		81 Name 82 Street Addr	ress (P.O. Box Number is Not Acceptab	1/o)
32285 U	IS 19 NORTH		83 STOOL ACID	655 (1.0. Dox Harrison to Hot Acceptant	
PALM DA	RBOR FL 34684		84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Stat	tutes, the above-named corpor	ration submits this statement for the pur	rpose of changing its registered office
familiar with	d agent, or both, in the State of Flo n, and accept the obligations of, Sei	orida. Such change was autho ction 607.0505, Florida Statu	irized by the corporation's boartes.	rd of directors. I hereby accept the app	oiniment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable ND DIRECTORS	(NOTE Registered Agent signature require	d wher reinstating)  ADDITIONS/CHANGES TO OFF	DATE
TITLE	P	DELETE	1. 1 TITLE	ADDITIONS OF ANGLE TO OFF	Change Addition
NAME Street Address	Dupuis, Paul H. 2234 Sand Bay Dr.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	FT DELETE	1.4 CITY - ST - ZIP		Change C2 Addition
TITLE NAME	st Dupuis darline	DELETE	2 1 TITLE 2 2 NAME		Change Addition
STREET ADDRESS	2231 SAND BAY DR.		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HOLIDAY FL	DELETE	2 4 CHY-SI-ZIF 3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS 3.4 CHTY-ST-ZIP		
City-St-ZiP Title		DELETE	4. 1 TiTLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 City-St-Zip		
CITY-ST-ZIP TITLE		DELETE	5 1 TIRE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS 5 4 City-St-Zip		
CITY-ST-ZIP TITLE	<u>, , , , , , , , , , , , , , , , , , , </u>	[] DELETE	6 1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP 14. I do hereby	certify that the information supplied	d with this filing is voluntarily f	64 City-St-ZiP umished and does not qualify t	for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
certify that oath; that i appears in	am an officer or director of the com Block 12 or Block 12 if changed, o	poration or the receiver or tru- ir on an attachment with an a	stee empowered to execute the ddress.	ate and that my signature shall have the is report as required by Chapter 607, Fi	orida Statutes; and that my name
SIGNAT	URE: SIGNATURE AND THE	OR PRINTED NAME OF SIGNING OF	FICER OR DIRECTOR	Jupuis 5/1/96	596 - 4/146 Daylana Phone N
	months with the 111 mm	7.0.0.00		•	• • •