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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

SIGNATURE:

DOCUMENT # K59918

(8)

SPRINGFIELD PRESERVATION PROPERTIES, INC.

FILED							
Feb 11 1998 8:00am							
Secretary of State							

Principal	Place of Business	Mailing Address	-		1 10010111 031 61110 10110 10101 11031 3011 01011 0	(BIC BIDI) ANDII DIBII DIDIC HADI
% CECILIA BRYANT 1400 PRIDENTIAL DRIVE. SUITE 7 JACKSONVILLE FL 32207-8177			% CECILIA BRYANT 1400 PRUDENTIAL DRIVE. SUITE 7 JACKSONVILLE FL 32207-8177		DO NOT WRITE IN TH	IS SPACE
					 Date Incorporated or Qualified 01/23/1989 	
2. Princip	al Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			59-2943376	Not Applicable
Suite,	Apt #, etc	Suite, Apt. #, etc.				\$8.75 Additional
22		27		. <u> </u>	5. Certificate of Status Desired	Fee Required
City &	State	City & State	"		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the	
24	25	[29]	30		Personal Property Tax due June 30.	Yes No
		of Current Registered Agent		81 Name	10. Name and Address of New Registere	a Agent
	BRYANT, CECILIA			Name		
	1400 PRUDENTIAL DR. SUITE 7			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
<u> </u>	JACKSONVILLE FL 32207			83		· · · · · · · · · · · · · · · · · · ·
1			1	84 City		85 Zip Code
		027 0 00 - 1 007 41 00 First 1 00				L
11. Pursu	iant to the provisions of Sections or registered agent, or both, in	s 607 0502 and 607,1508, Horida Sia The State of Horida. Such change w	alutes, the at as authorized	ove-named cor d by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	or changing its registered
agen	t. Lam familiar with, and accept	the obligations of, Section 607.0505	, Florida Stat	utes.	, ,	
SIGNATU	RE					
-	Signature Typed by printed name of re	Properties of an analysis of the strategies of the CERS AND DIRECTORS		Agent signature requ	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12.		DELFTE	13.	IF T	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	WEIHNACHT, CONRA		1.2 NA	1		
STREET ADOF	ACCO ALGORILIAN BA			REET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32		- 6	IY-ST-ZIP		
TITLE	VPD	DELETE	2.1 10			Change Addition
NAME	BRYANT, CECILIA	_	2.2 NA	l l		
STREET ADDA	4000 ORTEGA FORE	ST DRIVE		REET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL			TY-ST-ZIP		
TITLE		DELETE	31 TIT			Change Addition
NAME			3.2 NA	ME		
STREET ADDE	ESS		3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4. C)	TY - ST - ZIP		
TITLE		DITE	4.1 191			Change Addition
NAME			4 2 N/	AME		
STREET ADDR	ESS		4.3 ST	REET ADDRESS		
CITY - ST - ZIP			4.4 Cr	TY-ST-ZIP		
TITLE		DELETE	5 1 TiT			Change Addition
NAME	1		52 NA	}		
			22 14/4	ME		
STREET ADDR	F\$S		1	ME REE1 ADDRESS		
STREET ADDR	ESS		5 3 St			
	FSS	DELETE	5 3 St	REE1 ADDRESS TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
CITY-ST-ZIP	FSS	DELETE	5 3 ST 5.4 CI	REET ADDRESS IY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition

[IT-ST-ZIP]

14. Thereby 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 13 if changed, or on an attachment with an address