FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:55

DOCUMENT # K69456 **(7)**

1. Corporation Name
SPRING HILL CRUISERS, INC.

Principal Place of Business	Mailing Address
P O BOX 5443 SPRING HILL FL 34606	P O BOX 5443 SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/20/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2931585** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WIL NICKERSON 11784 LAKEWOOD DR. HUDSON FL 34669	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WIL NICKERSON	1.2 NAME	
STREET ADDRESS	11784 LAKEWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34669	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	NORMA GARIEPY	2.2 NAME	
STREET ADDRESS	11452 SUNSHINE GROVE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34614	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	ILONA WENTZELL	3.2 NAME	
STREET ADDRESS	18800 FURMAN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL 34610	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	ANN SUIT	4.2 NAME	
STREET ADDRESS	8226 FILSON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☑ Change ☐ Addition
NAME	ANDERSON, LARRY D.	5.2 NAME	P Nickerson, Will
STREET ADDRESS	7490 SIMMONS ST.	5.3 STREET ADDRESS	7490 11784 Lakewood Dr
CITY-ST-ZIP	BROOKSVILLE, FL	5.4 CITY-ST-ZIP	Hudson, Fl 34669
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: WIL NICKERSON WIL NICKERSON — X 3/3/95 — X 813-856-0421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

040004 PP