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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K69456** (7)

1. Corporation Name

SPRING HILL CRUISERS, INC.



Principal Place of Business

**P O BOX 5443
SPRING HILL FL 34606**

Mailing Address

**P O BOX 5443
SPRING HILL FL 34606**

3. Date Incorporated or Qualified

02/20/1989

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **WIL NICKERSON**
STREET ADDRESS **11784 LAKEWOOD DR.**
CITY-STATE-ZIP **HUDSON FL**

TITLE **VP** ☒ DELETE

NAME **NORMA GARIEPY**
STREET ADDRESS **11452 SUNSHINE GROVE RD.**
CITY-STATE-ZIP **BROOKVILLE FL 34614**

TITLE **T** ☒ DELETE

NAME **ILONA WENTZELL**
STREET ADDRESS **18800 FURMAN DR.**
CITY-STATE-ZIP **SPRINGHILL FL 34610**

TITLE **S** ☒ DELETE

NAME **ANN SUIT**
STREET ADDRESS **8226 FILSON ST.**
CITY-STATE-ZIP **WEEKI WACHEE FL 34613**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE **VP** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE **P** ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

HENDRICKSON, JOSEPHINE

2171 ARMADILLO AVENUE

SPRING HILL, FL 34609

3.1 TITLE **T** ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

GARIEPY, WILLIAM

11452 SUNSHINE GROVE ROAD

BROOKVILLE, FL 34614

4.1 TITLE **S** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

WOLFE, DENISE

16201 PINE RIDGE DRIVE

HUDSON FL 34667

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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: *Josephine Hendrickson* **JOSEPHINE HENDRICKSON** **2/15/96** **(352) 683-9723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)