

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

FILED  
May 12, 1999 8:00 am  
Secretary of State

05-12-1999 90004 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** K75143  
 1. Corporation Name  
 Spring Garden Properties, Inc. ✓

Principal Place of Business 1805 Mercers Hammock Ct. DeLand, FL 32720	Mailing Address 1805 Mercers Hammock Ct. DeLand, FL 32720
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1779 N. Spring Garden Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 1779 N. Spring Garden Avenue Suite, Apt. #, etc.
22 City & State 23 DeLand, FL 24 Zip 32720	27 City & State 28 DeLand, FL 29 Zip 32720

3. Date Incorporated or Qualified 03/16/89	4. FEI Number 59-2946065 ✓	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
 PRICE, HERBERT W. III  
 1805 Mercers Hammock Court  
 DeLand, FL 32720

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 1779 N. Spring Garden Avenue  
 83  
 84 City DeLand FL 85 Zip Code 32720

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 04/01/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

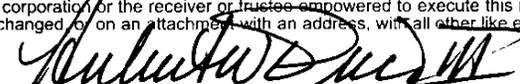
12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	Price, Herbert W. III	
STREET ADDRESS	1805 Mercers Hammock Court	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	QUASNEY, CAROL L.	
STREET ADDRESS	1805 Mercers Hammock Court	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	Fulton, Susie	
STREET ADDRESS	1805 Mercers Hammock Court	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1779 N. Spring Garden Avenue
1.4 CITY-ST-ZIP	DeLand, FL 32720
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1779 N. Spring Garden Avenue
2.4 CITY-ST-ZIP	DeLand, FL 32720
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  04/01/00 904-736-7101  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)