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

APPROVED AND FILED
'95 APR 18 PM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01863 (4)

1. Corporation Name
FLORIDA ORANGE SPRINGS, INC.

Principal Place of Business	Mailing Address
24827 C.R. 21 ORANGE SPGS. FL 32182 US	P. O. DRAWER A ORANGE SPGS. FL 32182 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/12/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0136918 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WOOD, ROGER C
POST OFFICE DRAWER A
ORANGE SPGS. FL 32182

10. Name and Address of New Registered Agent

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	D	☒ Change ☐ Addition
NAME	~~BRIGHAM, E.F.~~	1.2 NAME	AL J CONE	
STREET ADDRESS	~~1910 NW 20TH WAY~~	1.3 STREET ADDRESS	125 N E 1ST AVENUE	
CITY-ST-ZIP	~~GAINESVILLE FL~~	1.4 CITY-ST-ZIP	OCALA, FL 34470	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	WOOD, ROGER C.	2.2 NAME	HORACIO ECHEVARRIA	
STREET ADDRESS	POST OFFICE DRAWER A	2.3 STREET ADDRESS	7600 MAR DEL PLATA	
CITY-ST-ZIP	ORANGE SPGS. FL	2.4 CITY-ST-ZIP	ARGENTINA, SOUTH AMERICA	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DELK, LARRY M	3.2 NAME		
STREET ADDRESS	POST OFFICE DRAWER A	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE SPGS. FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, VINCENT A	4.2 NAME		
STREET ADDRESS	201 SOUTH SECOND STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	~~ROBINSON, GARY L~~	5.2 NAME		
STREET ADDRESS	~~800 NORTH CYPRESS DRIVE~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~TEQUESTA FL~~	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	~~COOPER, HENRY H~~	6.2 NAME		
STREET ADDRESS	~~5 OCEAN DRIVE~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~JUPITER INLET COLONY FL 33458~~	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: Roger C. Wood Roger C. Wood, Pres./Director 4-5-95 904/546-2052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404044 FP