

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L21959 (6)**

1. Corporation Name
SPRING GARDEN RANCH TRAINING CENTER, INC.



Principal Place of Business: **900 SPRING GARDEN RANCH RD. PO BOX 367 DELEON SPRINGS FL 32130**

Mailing Address: **900 SPRING GARDEN RANCH RD. PO BOX 367 DELEON SPRINGS FL 32130**

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

2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **10/11/1989** 3a. Date of Last Report: **01/31/1995**

4. FEI Number: **59-2969993** 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
**BASILE, JEANETTE
900 SPRING GARDEN RANCH RD.
PO BOX 367
DELEON SPRINGS FL 32130**

10. Name and Address of New Registered Agent (B1) Name (B2) Street Address (P.O. Box Number is Not Acceptable) (B3) (B4) City (B5) Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0607 and 607.1608, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0607, Florida Statutes.

SIGNATURE		DATE
12. OFFICERS AND DIRECTORS		
12.1	STD BASILE, ANTHONY 900 SPRING GARD RANCH RD DELEON SPRINGS FL PD	<input type="checkbox"/> DELETE
12.2	BASILE, JEANETTE 900 SPRING GARD RANCH RD DELEON SPRINGS FL	<input type="checkbox"/> DELETE
12.3		<input type="checkbox"/> DELETE
12.4		<input type="checkbox"/> DELETE
12.5		<input type="checkbox"/> DELETE
12.6		<input type="checkbox"/> DELETE
12.7		<input type="checkbox"/> DELETE
12.8		<input type="checkbox"/> DELETE
12.9		<input type="checkbox"/> DELETE
12.10		<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
13.1	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY, ST, ZIP	
13.5	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	2.2 NAME	
13.7	2.3 STREET ADDRESS	
13.8	2.4 CITY, ST, ZIP	
13.9	3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	3.2 NAME	
13.11	3.3 STREET ADDRESS	
13.12	3.4 CITY, ST, ZIP	
13.13	4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	4.2 NAME	
13.15	4.3 STREET ADDRESS	
13.16	4.4 CITY, ST, ZIP	
13.17	5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	5.2 NAME	
13.19	5.3 STREET ADDRESS	
13.20	5.4 CITY, ST, ZIP	
13.21	6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	6.2 NAME	
13.23	6.3 STREET ADDRESS	
13.24	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)(k), Florida Statutes. I further certify that the information reported 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. If I am an officer or director of the corporation or the receiver or trustee appointed 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 attached page with an address.

SIGNATURE: *Jeanette Basile Pres* 2-7-96 904-985-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)