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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

L67464

SPRING HILL HOMES OF WEST FLORIDA, INC.

Principal Place of Eusiness % ROBERT G. STALCUP 12460 SUNSHINE GROVE RD BROOKSVILLE FL 34614

Mailing Address

% ROBERT G. STALCUP 12460 SUNSHINE GROVE RD BROOKSVILLE FL 34614

(2)



5,155,151,151								3. Date Incorporated or Qualified 3a. Date of Last Rep					
								04/24/1990	03/	21/199	95		
2. Principa! Pla	ce of Busine	ess	2a. Mailing Add	2a. Mailing Address				4. FEI Number			Applied For		
21			26	26				59-3008769			Not Applicable		
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #. etc.				5. Certificate of Status Desired	<u> </u>	\$8.75	Additional		
22			27								Required		
City & State City & State								6. Election Campaign Financing			0 Мау Ве		
23			28	 				Auged to Fees					
Zιρ	Country Zip Cou												
24 25 29 30						Florida Statutes X Yes No							
9 Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name													
							81 Name						
STALCUP, ROBERT G.						Stree	t Addres	ss (P.O. Box Number is Not Acceptabl	e)				
12460 SUNSHINE GROVE RD					83	 							
BROOKS		83											
					84	City			FL	85 Zi	p Code		
44 5	- Al	007.0500	and CO7 1500 Flori	do Ctot don d	ha shava	anned.	nornorat	ion pubolic this statement for the pure		ging its I	rapistared office		
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 types or printed name of registered agent and tills if applicable (NOTE: Rigistered Agent signature required when reinstating) DATE													
12. OFFICERS AND DIRECTORS 13.						1 4 9 400		ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12		
TITLE	D	0.7102.107.11	□ DE	LETE	1 1 TITLE		7			Change	Addition		
NAME	•	RLY, GARY A.			12 NAME				_	·			
	AAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA					ADDRESS	.						
STREET ADDRESS	PROGRAM F. F.						'						
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NAME	- // / · · · · · · · · · · · · · · ·												
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NAME					3.2 NAME								
STREET ADDRESS					3.3 STREE	T ADDRES	s						
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NAME					4.2 NAME								
STREET ADDRESS					4.3 STREE	F ADDRESS	3						
CITY-ST-ZIP					4.4 CITY - 1	ST - 71P			. <u></u>				
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NAME					5.2 NAME								
STREET ADDRESS	٠,				5.3 STREE	ADDRESS	s						
CITY-S1-ZIP	2.1				5.4 CITY-	ST - ZIP							
TITLE			□ DE	LETE	6. 1 TITLE					Change	☐ Addition		
NAME					6.2 NAME								
STREET ADDRESS					6.3 STREE	F ADDRESS	;						
CITY - ST - ZIP						ST - ZIP							
	1												

14. Ido 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 AND TYPED OR PRINTED NAME OF SIGNING SIGNATURE: Robert G. Stalcup

352-686-5359

Daytinie Phone #