

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L91721 (5)

1. Corporation Name

WALL SPRINGS FARM, INC.



Principal Place of Business

PO BOX 1669
CLEARWATER FL 34617-1669
US

Mailing Address

PO BOX 1669
CLEARWATER FL 34617-1669
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

DOUGLAS, D. SCOTT
400 CLEVELAND ST, 9TH FL
CLEARWATER FL 34615

3. Date Incorporated or Qualified
07/26/1990

3a. Date of Last Report
01/31/1995

4. FEI Number
59-3053514

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

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

Signature of person authorized to sign this statement

Printed Name of Registered Agent (Signatures of Officers and Directors)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	DOUGLAS, D. SCOTT	
STREET ADDRESS	400 CLEVELAND ST, 9TH FL	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	D	☐ DELETE
NAME	GUTHRIE, ILENE DOUGLAS	
STREET ADDRESS	8 HOPKINS AVE.	
CITY-STATE-ZIP	BEVERLY MA	
TITLE	D	☐ DELETE
NAME	DOUGLAS, LAWRENCE Y., JR	
STREET ADDRESS	3708 ALT 19 NORTH	
CITY-STATE-ZIP	PALM HARBOR FL	
TITLE	D	☐ DELETE
NAME	DOUGLAS, ROBERT BRUCE	
STREET ADDRESS	201 GILBERT ROAD	
CITY-STATE-ZIP	ELKO GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 or 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 in an attached report with an address.

SIGNATURE:

D. Scott Douglas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (813) 441-8966
Date: Duplicate Phone #

CR2E034 (12/95)