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Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P33199 (1)

1. Corporation Name  
SPRINGFIELD CORPORATION

Principal Place of Business Mailing Address  
3875 GREEN INDUSTRIAL WAY 7012 Best Friend Rd. P.O. Box 620189  
CHAMBLEE GA 30341 Rd. ATLANTA GA 30366-1945 Atlanta, GA 30362  
US Doraville, GA 30340  
US



2. Principal Place of Business 2a. Mailing Address  
21 7012 Best Friend Rd. 26 P.O. Box 620189  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Doraville GA 28 Atlanta, GA  
Zip Country Zip Country  
24 30340 25 U.S. 29 30362 30 U.S.

3. Date Incorporated or Qualified 3a. Date of Last Report  
03/14/1991 01/24/1996  
4. FEI Number Applied For  
58-1444393 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution ☐ 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  
TOALE, JAMES E.  
2001 FRUITVILLE ROAD, SUITE 250  
SARASOTA FL 34230  
1605 Main Street, Suite 705  
Sarasota, FL 34206

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 James E. Toale 1/21/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANTER, MICHAEL K.	1.2 NAME	
STREET ADDRESS	P.O. BOX 61345 N/A P.O. Box 620189	1.3 STREET ADDRESS	P.O. Box 620189 N/A
CITY-ST-ZIP	ATLANTA GA Atlanta, GA 30362	1.4 CITY-ST-ZIP	Atlanta, GA 30362
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANTER, MICHAEL K JR	2.2 NAME	
STREET ADDRESS	P.O. BOX 61345 N/A P.O. Box 620189	2.3 STREET ADDRESS	P.O. Box 620189 N/A
CITY-ST-ZIP	ATLANTA GA Atlanta, GA 30362	2.4 CITY-ST-ZIP	Atlanta, GA 30362
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANTER, MICHAEL K. JR.	3.2 NAME	
STREET ADDRESS	P.O. BOX 61345 N/A P.O. Box 620189	3.3 STREET ADDRESS	P.O. Box 620189 N/A
CITY-ST-ZIP	ATLANTA GA 30366 Atlanta, GA 30362	3.4 CITY-ST-ZIP	Atlanta, GA 30362
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Michael K. Flanter, Pres. 1/21/97 770 729 0700  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)