

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
* AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT •
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 31 1998 8:00am
Secretary of State

DOCUMENT # **P33199**

(1)

1. Corporation Name

SPRINGFIELD CORPORATION



Principal Place of Business

**7012 BEST FRIEND RD.
DORAVILLE GA 30340
US**

Mailing Address

**303820X 620189
ATLANTA GA 30368
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1991

4. FEI Number

58-1444393

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P.O. Box 620189

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

**TOALE, JAMES E.
2801 FRUITVILLE ROAD, SUITE 250
1605 MN. ST. STE. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CPT** ☐ DELETE
NAME **FLANTER, MICHAEL K.**
STREET ADDRESS **PO. BOX 620189**
CITY-ST-ZIP **ATLANTA GA**

TITLE **S** ☐ DELETE
NAME **FLANTER, MICHAEL K JR**
STREET ADDRESS **PO. BOX 620189**
CITY-ST-ZIP **ATLANTA GA**

TITLE **V** ☐ DELETE
NAME **FLANTER, MICHAEL K. JR.**
STREET ADDRESS **PO. BOX 620189**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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** (MICHAEL K. FLANTER) 7/17/98 770-339-0300

CR2E034 (5/98)



PRODUCTS FOR THE HOSPITALITY, HEALTH CARE, TEXTILE RENTAL AND CLUB INDUSTRIES

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: 1998 PROFIT CORPORATION PAYMENT

Dear Madam or Sir,

On July 10th we received our only notice for our Profit of Corporation for 1998, the packet claims that this is our second notice, this is not correct. This packet was the first notification that we have received. There was an error made in your system with inputting our mailing address. It is P.O. Box 620189, you have it as 303620X 620189, and I guess this confused the postal system. When we received the second notice it had our physical address hand written. I was told that the fine would be waived and that our fee would be \$150.00 dollars. If there is any questions about what has happened please feel free to call me at 770.729.0700. Your cooperation in this matter is greatly appreciated.

Sincerely,

Thom Bailey
Controller