

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000001124 (5)

1. Corporation Name

SPRINGLAKE CAPITAL, INC.



Principal Place of Business

9270 S.E. 70TH TERRACE
OCALA FL 34472
US

Mailing Address

9270 S.E. 70TH TERRACE
OCALA FL 34472
US

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KAPP, VIRGIL E
9270 SE 70TH TER.
OCALA FL 34472

3. Date Incorporated or Qualified
01/07/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3158168

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
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 607.01(2)(a) and 607.01(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(2)(a), Florida Statutes.

SIGNATURE

Virgil E. Kapp

3/28/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP
	D	KAPP, VIRGIL	9270 S.E. 70TH TERRACE OCALA FL	☐ DELETE			
	VP	FLETCHER, PAUL E	9270 S.E. 70TH TERRACE OCALA FL	☐ DELETE			
				☐ DELETE			
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				☐ DELETE			
				☐ DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	Change	Addition
								☐	☐
								☐	☐
								☐	☐
								☐	☐
								☐	☐
								☐	☐
								☐	☐
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								☐	☐
								☐	☐

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)(g), 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 attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virgil E. Kapp

3-28-96

(352) 347-1805

CR2E034 (12/95)