FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:37

DOCUMENT # **P93000006558 (9)**

1. Corporation Name
SPRINGLAKE PROPERTIES, INC.

Principal Place of Business	Mailing Address
1111 N.E. 25TH AVE. STE. #204 OCALA FL 34470	1111 N.E. 25TH AVE. STE. #204 OCALA FL 34470

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/22/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21): 3501 N.E. 10TH STREET
Suite, Apt. #, etc. (22): SUITE 204
City & State (23): OCALA FL
Zip (24): 34470 Country (25): MARION

2a. Mailing Address (26): 3501 N.E. 10TH STREET
Suite, Apt. #, etc. (27): SUITE 204
City & State (28): OCALA FL
Zip (29): 34470 Country (30): MARION

4. FEI Number: 59-3160747 ☐ 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

9. Name and Address of Current Registered Agent

FLETCHER, PAUL E
1111 N.E. 25TH AVE.
STE. #204
OCALA FL 34470

10. Name and Address of New Registered Agent

91 Name: FLETCHER, PAUL E.
92 Street Address (P.O. Box Number is Not Acceptable): 3501 N.E. 10TH STREET
93: SUITE 204
94 City: OCALA FL 95 Zip Code: 34470

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☒ Change ☐ Addition
NAME	FLETCHER, PAUL E	1.2 NAME	
STREET ADDRESS	111 N.E. 25TH AVE., #204	1.3 STREET ADDRESS	3501 NE 10th STREET, STE 204
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP	OCALA, FL. 34470
TITLE	S	2.1 TITLE	S ☒ Change ☐ Addition
NAME	FLETCHER, PAM E	2.2 NAME	FLETCHER, PAUL E
STREET ADDRESS	1111 N.E. 25TH AVE., #204	2.3 STREET ADDRESS	3501 NE 10th STREET, STE 204
CITY-ST-ZIP	OCALA FL 34470	2.4 CITY-ST-ZIP	OCALA, FL. 34470
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Paul E. Fletcher, Pres. 4-7-95 (904) 351-9511
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0350448 CP