

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996 8-12-96

B-7734 C

DOCUMENT # P93000006558 (9)

1. Corporation Name

SPRINGLAKE PROPERTIES, INC.



Principal Place of Business

3501 NE 10TH STREET
STE. 204
OCALA FL 34470
US

Mailing Address

3501 NE 10TH ST.
SUITE 204
OCALA FL 34470
US

3. Date Incorporated or Qualified
01/22/1993

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2e. Mailing Address

21 2800 E. Silver Springs Blvd

26 2800 E. Silver Springs Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 204

27 Suite 204

City & State

City & State

23 Ocala FL

28 Ocala, FL

Zip

Country

Zip

Country

24 34470

25 MARION

29 34470

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

10. Name and Address of New Registered Agent

FLETCHER, PAUL E
3501 NE 10TH ST.
STE. 204
OCALA FL 34470

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 607.1503, 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 then applicable)

Signature (typed or printed name of registered agent and then applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
FLETCHER, PAUL E
3501 NE 10TH ST., STE. 204
OCALA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FLETCHER, PAUL E
3501 NE 10TH ST., STE. 204
OCALA FL

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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, on an attachment with an address.

SIGNATURE:

Paul E. Fletcher 8-5-96 (352) 351-9511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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