## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 20 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

DOCU 1. Corporation	MENT	"# <b>P940</b> 0	0011	714 (0)	)							
SPRIN	G HILL G	UTTERS, INC.		•	•				<u>,                                    </u>			
Principal Place of Business Ma				Mailing Address					I ABBUTOUT IID EDIN JUDIA ORINI ORINI			
					SON/E				•			
13257 LITTLE FARMS DRIVE 13257 LITTLE FA SPRING HILL FL 34609 SPRING HILL FL												
									DO NOT WRIT	E IN THIS	SPACE	
								3	Date Incorporated or Qualified			
2. Principal F	Place of Busi	2a M	ailing Address				4	<b>02/08/1994</b> . FEI Number	<del></del>		- tr. a.F	
21			<u> </u>	26				"	59-2167826		<del>    </del>	pplied For ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.							Additional	
22			27	27			5	. Certificate of Status Desired			equired	
City & State			Ci	City & State			6	. Election Campaign Financing		\$5.00	May Be	
23			28					Trust Fund Contribution				to Fees
Zip	Country			Zip 30		Country		8.	. This corporation owes or has p			
25 29 29 . Name and Address of Current Registered Agent						1		Personal Property Tax due June 30. Yes  10. Name and Address of New Registered Agent				_ No
144		<del></del>	int riogiston	DO Agont		81	Name	10	, Italio and Addiess of Item A	ağı atal at	Agent	_*.
MAHLA, ROBERT B 13257 LITTLE FARMS DRIVE							0:					
SPRING HILL FL 34809						82	Street Ad	aress (	P.O. Box Number is Not Accepta	ble)		
•						83						
						84	City				<b>85</b> Zip	Code
dd Diwaiiant	to the second		'00 I 007	4500 Ft. 11. Out		$oxed{oxed}$				<u>FI</u>	<del>-</del>	
office or i	regi <b>ste</b> red ag am <b>tam</b> iliar w	pent, or both, in the Stati ith, and accept the oblig	e of Florida gations of, Si	Such change was ection 607.0505, F	utes, the s authoriz florida St	ed by latutes	e-named co the corpor s.	rporation's	on submits this statement for the board of directors. I hereby acce	purpose pt the ap	of changing if pointment as	registered registered
SIGNATURE									==.			
Signature, typed or printed name of registered at 12. OFFICERS AI							nt signature req		n reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AN	ID DIRECTOR	C IN 10
TITLE	Ρ	OT TOUTO A	10 DIRECTO	DELETE	13	TITLE			ADDITIONS/CHANGES TO OFFI	CERS AIN	Change	Addition
NAME	MAHLA, ROBER B					1.2 NAME						
STREET ADDRESS		ITTLE FARMS DR				STAEET	ADDRESS					
CITY-ST-ZIP	SPRING	HILL FL		1.4 (		CITY-S	T-ZIP					
TITLE	VP			DELET <b>E</b>	2.1 TITLE						☐ Change	Addition
NAME	MAHLA,				2.2	NAME	i		•			
STREET ADDRESS		ITTLE FARMS DR					2.3 STREET ADDRESS		, ;			
CITY-ST-ZIP	SPRING	HILL FL		T DELETE	_	CITY-S	T-ZIP					
TITLE				☐ DELETE		TITLE					L Change	L Addition
NAME STREET ADORESS					. I	NAME						
CITY-ST-ZIP					1		ADDRESS					
TITLE				DELETE	_	CITY-S TITLE	1-212				Change	Addition
NAME						NAME						
STREET ADDRESS	•						ADDRESS					
CITY-ST-ZIP					1	City-S1						
TOLE				DELE <b>TE</b>		TITLE					Change	Addition
NAME					5.2	NAME						
STREET ADDRESS					5.3	STREET	ADORESS					
CITY-\$T-ZIP					_	CITY - ST	r- ZIP					
TITLE	:			DELETE		TITLE					Change	Addition
NAME	15					NAME						İ
STREET ADDRESS					6.3 STREET ADDRESS							
CITY-ST-ZIP					<b>1</b> 64	CITY-SI	- 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.