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
95 JUN 29 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077224 (1)**

1. Corporation Name
MANCHESTER SPRINGS, INC.

Principal Place of Business	Mailing Address
1480 SHELL MOUND ROAD DELTONA FL 32725	1480 SHELL MOUND ROAD DELTONA FL 32725

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report:

21 2. Principal Place of Business: 1560 PRAIRIE RD.	26 2a. Mailing Address: 1560 PRAIRIE RD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ENTERPRISE FL.	28 City & State: ENTERPRISE FL
24 Zip: 32725 25 Country: VOLUSIA	29 Zip: 32725 30 Country: VOLUSIA

4. FEI Number: 59-3291634 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MANCHESTER, CHLOE
1480 SHELL MOUND ROAD
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name: MANCHESTER CHLOE'
82 Street Address (P.O. Box Number is Not Acceptable): 1560 PRAIRIE RD
83
84 City: ENTERPRISE FL 85 Zip Code: 32725

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, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MANCHESTER, CHLOE	12 NAME	
STREET ADDRESS	1480 SHELL MOUND ROAD	13 STREET ADDRESS	
CITY ST ZIP	DELTONA FL 32725	14 CITY ST ZIP	
TITLE	STD	21 TITLE	SEC/TREAS ☒ Change ☐ Addition
NAME	CREQUE, NANCE L	22 NAME	TERRI L. SWAIN
STREET ADDRESS	122 GUM STREET	23 STREET ADDRESS	~~1480 SHELL MOUND RD~~
CITY ST ZIP	ALTAMONTE SPRINGS FL 32714	24 CITY ST ZIP	~~DELTONA, FL 32725~~
TITLE		31 TITLE	SEC/TREAS. ☒ Change ☒ Addition
NAME		32 NAME	TERRI L. SWAIN
STREET ADDRESS		33 STREET ADDRESS	1560 PRAIRIE RD
CITY ST ZIP		34 CITY ST ZIP	ENTERPRISE, FL 32725
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Chloe' Manchester CHLOE' MANCHESTER 5/1/95 407-323-3159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040583 CP