

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000077224 (1)

1. Corporation Name

MANCHESTER SPRINGS, INC.



Principal Place of Business

Mailing Address

1560 PRAIRIE RD  
ENTERPRISE FL 32725  
US

1560 PRAIRIE RD  
ENTERPRISE FL 32725  
US

3. Date Incorporated or Qualified  
10/19/1994

3a. Date of Last Report  
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21 1240 PROVIDENCE  
Suite, Apt #, etc

26 3757 S. ATLANTIC  
Suite, Apt #, etc

4. FEI Number

59-3291634

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANCHESTER, CHLOE  
1560 PRAIRIE RD  
ENTERPRISE FL 32725

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3757, S. ATLANTIC AV,

83

84

DAYTONA BCH,

FL

85 Zip Code

32118

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

Signature typed or printed name of registered agent and location if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MANCHESTER, CHLOE  
STREET ADDRESS 1480 SHELL MOUND ROAD  
CITY-ST-ZIP DELTONA FL 32725

☐ DELETE

TITLE ST  
NAME SWAIN, TERRI L  
STREET ADDRESS 1560 PRAIRIE RD  
CITY-ST-ZIP ENTERPRISE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

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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)(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 617, 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-298-3682  
5-30-96  
Daytime Phone #

CR2E034 (3/96)