

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000032169 (1)**  
1. Corporation Name  
**SPRING HILL CORPORATE, INC.**



Principal Place of Business <b>1733 FLETCHER AVENUE TAMPA FL 33612</b>	Mailing Address <b>1733 FLETCHER AVENUE TAMPA FL 33612-1820</b>
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3. Date Incorporated or Qualified <b>04/25/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3317780</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**WALTERS, CLIFFORD L  
802 11TH STREET WEST  
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVIN, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>7646 N. LOCKWOOD RIDGE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 33612</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, SUZANNE L</b>	2.2 NAME	
STREET ADDRESS	<b>1733 FLETCHER AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVIN, STEVEN</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 93-6260 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL 33093-6260</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVIN, JILL</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 11229 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KNOXVILLE FL 37939</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRUCCI, MARK A</b>	5.2 NAME	
STREET ADDRESS	<b>1733 FLETCHER AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*DP 4/29*

14. I do 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 change attachment with an address.

CR2E034 (9/96)