

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

FILED

**Apr 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000033107 (0)

1. Corporation Name
COLD SPRINGS FINANCIAL CORPORATION



Principal Place of Business 149 BROCK ST THAMESFORD ONTARIO NOM -2MO	Mailing Address 149 BROCK ST THAMESFORD ONTARIO NOM
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3. Date Incorporated or Qualified 04/26/1995	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent
**OSWALD, DOUGLAS H
21 NE FIRST AVE
OCALA FL 34470**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRALEY, GARY E		1.2 NAME	
STREET ADDRESS 149 BROCK ST		1.3 STREET ADDRESS	
CITY-ST-ZIP THAMESFORD ONTARIO NOM -2MO		1.4 CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEROUX, GEORGE D		2.2 NAME	
STREET ADDRESS 149 BROCK ST		2.3 STREET ADDRESS	
CITY-ST-ZIP THAMESFORD ONTARIO NOM -2MO		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COWAN, THOMAS		3.2 NAME	
STREET ADDRESS 149 BROCK ST		3.3 STREET ADDRESS	
CITY-ST-ZIP THAMESFORD ONTARIO NOM -2MO		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARLING, JOHN		4.2 NAME	
STREET ADDRESS 8911 TIBET BAY DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32819		4.4 CITY-ST-ZIP	
TITLE VTO	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRILLON, MICHEL G		5.2 NAME	
STREET ADDRESS 149 BROCK ST		5.3 STREET ADDRESS	
CITY-ST-ZIP THAMESFORD ONTARIO NOM -2MO		5.4 CITY-ST-ZIP	
TITLE SO	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOEBEL, JANE E		6.2 NAME	
STREET ADDRESS 149 BROCK ST		6.3 STREET ADDRESS	
CITY-ST-ZIP THAMESFORD ONTARIO NOM -2MO		6.4 CITY-ST-ZIP	

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 included 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)