


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

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000033107

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 -2MO
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1995	
21		26		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OSWALD, DOUGLAS H 21 NE FIRST AVE OCALA FL 34470				81 Name	A.G.C. Co.		
				82 Street Address (P.O. Box Number is Not Acceptable)	200 S. Orange Avenue		
				83	Suite 2300th Orange Ave.		
				84 City	Orlando	85 Zip Code	FL 32802-0112

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, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Gary Braley* *Jeff Kenneth Cor Wright* *Ua* *23/29/99*
Signature, typed or printed name of registered agent, if applicable (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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLING, JOHN	4.2 NAME	CRAM, BRIAN
STREET ADDRESS	8911 TIBET BAY DR.	4.3 STREET ADDRESS	149 Brock Street
CITY-ST-ZIP	ORLANDO FL 32819	4.4 CITY-ST-ZIP	Thamesford, Ontario NOM 2MO
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 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, with all other like empowered.

SIGNATURE: *Gary Braley* *Ua* *23/29/99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **March 16, 1999** 519-285-3940
Daytime Phone #

CPD234 (11/08)