

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

FILED

Apr 15 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 # **P96000011522 (5)**

1. Corporation Name
FERNHILL, INC.

Principal Place of Business 10704 FERNHILL DRIVE RIVERVIEW FL 33569	Mailing Address 10704 FERNHILL DRIVE RIVERVIEW FL 33569-9396
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1996		3a. Date of Last Report	
21		26		4. FEI Number 65 0641422		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		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

**TROCKE, MICHAEL T
101 EAST KENNEDY BOULEVARD
SUITE 2800
TAMPA FL 33602**

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 607.1506, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VICE PRES. / SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPITLER, ROSCOE E	1.2 NAME	LINDA S. SPITLER
STREET ADDRESS	919 SAGO PALM WAY	1.3 STREET ADDRESS	10704 FERN HILL DR
CITY- ST- ZIP	APOLLO BEACH FL 33572	1.4 CITY- ST- ZIP	RIVERVIEW, FLA. 33569
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRES. / SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITLER, DANNY L	2.2 NAME	DANNY SPITLER
STREET ADDRESS	919 SAGO PALM WAY	2.3 STREET ADDRESS	10704 FERN HILL DR
CITY- ST- ZIP	APOLLO BEACH FL 33572	2.4 CITY- ST- ZIP	RIVERVIEW, FLA. 33569
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPITLER, STEVE A	3.2 NAME	DONALD L. BRINLEY
STREET ADDRESS	6201 14TH AVENUE EAST, #37	3.3 STREET ADDRESS	2110 RAMBLEWOOD CT.
CITY- ST- ZIP	TAMPA FL 33619	3.4 CITY- ST- ZIP	BRANDON, FL. 33510
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 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:

Linda S. Spitler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97 (813) 671-2537
Date Daytime Phone #

CR2E034 (9/96)