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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000081603 (8)

1. Corporation Name
SPRINGBOK, INC.



Principal Place of Business
3417 BAY MEADOW COURT
WINDERMERE FL 34786

Mailing Address
3417 BAY MEADOW COURT
WINDERMERE FL 34786-7800

3. Date Incorporated or Qualified
10/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8719 Scenic Oak Cr
Suite, Apt. #, etc.

26 8719 Scenic Oak Cr
Suite, Apt. #, etc.

4. FEI Number
59-3400783

Applied For
Not Applicable

22 City & State
Orlando FL

27 City & State
Orlando FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Orlando FL

28 Orlando FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 32836

Country

29 32836

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SADRIANNA, JAMES V
7710 SUNDIAL LANE
ORLANDO FL 32819

81 Name Michelle Ritson
82 Street Address (P.O. Box Number is Not Acceptable) 8719 Scenic Oak Cr
83
84 City Orlando FL 85 Zip Code 32836

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 Michelle Ritson
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

4-8-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RITSON, MICHELLE
STREET ADDRESS 3417 BAY MEADOW COURT
CITY-ST-ZIP WINDERMERE FL 34786

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 8719 Scenic Oak Cr
1.4 CITY-ST-ZIP Orlando FL 32836

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Michelle Ritson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-97 407-656-2626
Date Daytime Phone #

CR2E034 (9/96)