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Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000051559 (7)

1. Corporation Name

SPRINGER ENTERPRISES, INC.

Principal Place of Business

P O BOX 1710
LABELLE FL 33975

Mailing Address

P O BOX 1710
LABELLE FL 33975

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

65-0763931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 RT1 Box 1196

Suite, Apt. #, etc.

22 City & State

23 LaBelle, FL

24 33935

25 Glades

26 33935

27 Glades

2a. Mailing Address

26 RT1 Box 1196

Suite, Apt. #, etc.

27 City & State

28 LaBelle, FL

29 33935

30 Glades

9. Name and Address of Current Registered Agent

Vicki L. Hughes
RT 1 Box 1196
LaBelle, FL 33935

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

Vicki L. Hughes V/P

31 March 98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Secy. Leslie Jayne Wilkinson
Charlats Rd.
MUSE, FLA. 33935

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Pres. William Craig HUGHES
RT 1 BOX 1195
LaBelle, FL 33935

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V/Pres. Vicki Lynn Hughes
RT 1 Box 1195
LaBelle, FL 33935

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Secy. Deborah R. Hughes-Faraone
RT 1 Box 1195
LaBelle, FL 33935

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

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

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

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: Vicki L. Hughes Vicki L. Hughes 3/30/98 941.675.6856

CR2E034 (10/97)