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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000051559**1. Corporation Name

SPRINGER ENTERPRISES, INC.

Principal Place of Business	Mailing Address	
RT 1 BOX 1196 LABELLE FL 33935	RT 1 BOX 1196 LABELLE FL 33935	

May 01, 1999 8:00 am Secretary of State

05-01-1999 90052 015 ***158.75



3. Date Incorporated or Qualified 06/11/1997 2. Principal Place of Business 2. Mailing Address 4. FEI Number 5. Graving System Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Status Desired See Required Edition Campaign Financing Added to Fees Required As This corporation owes the current year Intangible Personal Property Tax. Yes No Personal Property Tax. Yes No Address of New Registered Agent Annual Registered Registered Agent Annual Registered Agent Annual Registered Agent Annual Registered Registered Agent Annual Registered Registered Agent Annual	LABELLE FL 33935 LABELLE FL 33935				DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 2. Mailing Address 4. FEI Number 5. Continue of Status Desired 5. Certificate of Status Desired 7. Suite, Apt. #, etc. 8. City & State 8. Election Campaign Financing 8. Added to Fee Required 8. Trust Fund Contribution 8. Trust Fund Contribution 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name Address of New Registered Agent 9. Name Address of New Registered Agent 9. Name Address of New Registered Agent 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes. 9. Application of Pricess And Directors in 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. DELETE 1.1 ITILE CARRENT Agent Signature required when reinstating) 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							3. Date Incorporated or Qualifed				
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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 in Chapter 607, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

941-675-6856