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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S31876

(3)

FILED
May 07 1997 8:00am
Secretary of State

Frincipal Place of Business Mailing Address 5335 LENNOX AVE. JACKSONVILLE FL 32205 SPRING MASTER, INC. Mailing Address 5335 LENNOX AVE. JACKSONVILLE FL 32205-4737							
					3. Date incorporated or Qualified 02/14/1991	3a. Date of t 05/01/19	*
2. Principal	Place of Business	2a. Mailing Addres	es es		4. FEI Number	1 00/0 1/ 10	Applied For
21		26			59-3079554		Not Applicable
Suite, Ap 22	n #, ex	Suite, Apt. #, e	NG.		5. Certificate of Status Desired		.75 Additional ee Required
City & St	ate	City & State			6. Election Campaign Financing		5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Zф ПП	Country	Zip	Cou	ntry	8. This corporation has liability for		der s. 199.032,
24	9. Name and Address of Cu	29 urrent Registered Agent	30		Florida Statutes 10. Name and Address of New R	Yes No	· · · · · · · · · · · · · · · · · · ·
TR	AVIS, ALBERT A.			81 Name			
5335 LENNOX AVENUE				B2 Street Add	dress (P.O. Box Number is Not Accepta	ibie)	
JAC	CKSONVILLE FL 32205						
				B3			•
				B4 City		FL 85	Zip Code
agent 1 SIGNATURE	if to the provisions of Sections 607 ritegistered agent, or both, in the S arr familiar with, and accept the c	obligations of, Section 607.06	505, Florida Stat	ites.			
	Superlise, typed or printed name of register:				ured when reinstating)	DATE	
12.	OFFICERS	S AND DIRECTORS	13.	Agent's grature req.		DATE CERS AND DIRE	CTORS IN 12
12.	OFFICERS DP		13. TE 1.1 TO	Agent's gnature requ	ured when reinstating)	DATE	CTORS IN 12
12.	OFFICERS DP TRAVIS, ALBERT A.	S AND DIRECTORS	13. ETE 1.1 TH 1.2 NA	Agent's gnature requ	ured when reinstating)	DATE CERS AND DIRE	CTORS IN 12
12. THEF	DP TRAVIS, ALBERT A.	S AND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST	Agent signature requirements	ured when reinstating)	DATE CERS AND DIRE	CTORS IN 12
12. THE HAME STHEET ADDRESS	DP TRAVIS, ALBERT A. 5335 LENNOX AVE. JACKSONVILLE FL DST	S AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	Agent's gnature req. LE ME ME MEST ADDRESS Y-ST-ZIP	ured when reinstating)	DATE CERS AND DIRE	CTORS IN 12 lange Addition
12. THEF HAME STHEEL ADDRESS CRY ST 749	DP TRAVIS, ALBERT A. 5335 LENNOX AVE. JACKSONVILLE FL DST TRAVIS, SHEILA	S AND DIRECTORS	13. ETE 1.1111 1.2 NA 1.3 ST 1.4 CI 2.1111 2.2 NA	Agent's gnature req. E ME HEET ADDRESS Y-ST-ZIP LE ME	ured when reinstating)	DATE CERS AND DIRE	CTORS IN 12 lange Addition
12. THE NAME SHEEL ADDRESS OFF SERVED FACORS	DP TRAVIS, ALBERT A. 5335 LENNOX AVE. JACKSONVILLE FL DST TRAVIS, SHEILA 5335 LENNOX AVE.	S AND DIRECTORS	13. ETE 1.1 TII 1.2 NA 1.3 ST 1.4 CI ETE 2.1 TII 2.2 NA 2.3 ST	Agent signature req. E ME NEET ADDRESS Y-SY-ZIP E ME NEET ADDRESS	ured when reinstating)	DATE CERS AND DIRE	CTORS IN 12 lange Addition
12. THE HAMP SHEEL ALIBRESS CRY SE 7/P HAMP SHEEL ALIBRESS SHEEL LACORESS SHEEL L	DP TRAVIS, ALBERT A. 5335 LENNOX AVE. JACKSONVILLE FL DST TRAVIS, SHEILA	S AND DIRECTORS DELE	13. ETE 1.1 TII 1.2 NA 1.3 ST 1.4 CI ETE 2.1 TII 2.2 NA 2.3 ST 2.4 CI	Agent signature req. E ME NEET ADDRESS Y-SY-ZIP E ME NEET ADDRESS (Y-S1-ZIP	ured when reinstating)	DATE CERS AND DIRE CF	CTORS IN 12 lange Addition lange Addition
12. THE NAME STREET ADDRESS CRY ST 749 THE NAME STREET ADDRESS DITY ST 749 THE	DP TRAVIS, ALBERT A. 5335 LENNOX AVE. JACKSONVILLE FL DST TRAVIS, SHEILA 5335 LENNOX AVE.	S AND DIRECTORS	13. ETE 1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CT 3.1 TIT 3.1	Agent signature req. E ME NEET ADDRESS Y-SY-ZIP LE ME NEET ADDRESS (Y-S1-ZIP LE	ured when reinstating)	DATE CERS AND DIRE	CTORS IN 12 lange Addition
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12. THE HAME SHEELADDESS CRY SLIVE THE NAME SHEELADDESS CRY SLIVE THE NAME SHEELADDESS THE HAME STREELADDESS	OFFICERS DP TRAVIS, ALBERT A. 5335 LENNOX AVE. JACKSONVILLE FL DST TRAVIS, SHEILA 5335 LENNOX AVE. JACKSONVILLE FL	S AND DIRECTORS DELE	13. ETE 1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CT 3.1 ST 1.3 S NA 3.3 ST 3.4 CT 3.4 CT 1.5 TT 1.5	Agent signature requirements E.E. ME ME ME ME ME ME ME ME	ured when reinstating)	DATE CERS AND DIRE CF	CTORS IN 12 lange Addition lange Addition
12. THE HAME SHEEL AUDRESS CRY ST 74P THE NAME SHEEL ACORESS CRY ST 24P THE NAME STREEL ACORESS CRY ST 24P THE NAME	OFFICERS DP TRAVIS, ALBERT A. 5335 LENNOX AVE. JACKSONVILLE FL DST TRAVIS, SHEILA 5335 LENNOX AVE. JACKSONVILLE FL	S AND DIRECTORS DELE	13. 11 11 11 11 12 NA 13 ST 14 CI 21 TII 22 NA 23 ST 2.4 CI 31 TII 32 NA 33 ST 34 CI ETE 4.1 TII 4.2 NA	Agent s gradure req. LE ME	ured when reinstating)	DATE CERS AND DIRE CF	CTORS IN 12 lange Addition lange Addition
12. THE HAMI STHER ADDRESS CRY ST 7/P THE NAME STHEFT ACCRESS CRY ST 2/P THE NAME STREET ACCRESS NAME STREET ACCRESS	OFFICERS DP TRAVIS, ALBERT A. 5335 LENNOX AVE. JACKSONVILLE FL DST TRAVIS, SHEILA 5335 LENNOX AVE. JACKSONVILLE FL	S AND DIRECTORS DELE	13. 11 11 11 11 12 NA 13 ST 14 CI 21 TII 22 NA 23 ST 2.4 CI 31 TII 32 NA 33 ST 34 CI ETE 41 TII 4.2 N. 4.3 ST	Agont s gradure req. LE ME LEET ADDRESS Y-SY-ZIP LE ME LEET ADDRESS LY-SI-ZIP LE ME LEET ADDRESS LY-SI-ZIP LE ME LEET ADDRESS ME LEET ADDRESS	ured when reinstating)	DATE CERS AND DIRE CF	CTORS IN 12 lange Addition lange Addition
12. THE HAME SHEEL ACRESS CHY ST 789 THE NAME STREET ACCRESS CHY ST 289 THE NAME STREET ACCRESS CHY ST 279 THE NAME STREET ACCRESS CHY ST 270	OFFICERS DP TRAVIS, ALBERT A. 5335 LENNOX AVE. JACKSONVILLE FL DST TRAVIS, SHEILA 5335 LENNOX AVE. JACKSONVILLE FL	S AND DIRECTORS DELE	13. 11 11 11 11 12 NA 13 ST 14 CI 21 TII 22 NA 23 ST 2. 4 CI 31 TII 32 NA 33 ST 34 CI ETE 41 TII 4.2 N. 4.3 ST 4.4 CI	Agent s grature req. LE ME	ured when reinstating)	DATE CERS AND DIRE CF	CTORS IN 12 lange Addition lange Addition lange Addition
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Larr an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 arr 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 or an attachment with an address.

SIGNATURE:

Daytime Phone # 0030601