

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S32906** (7)

1. Corporation Name
SUGARMILL SPRINGS, INC.



Principal Place of Business
**9900 SUGARMILL SPRINGS DR
1515 BROADWAY
FOREST MYERS FL 33905
US**

Mailing Address
**P.O. BOX 6883
DAVIES, CHRISTOPHER, N.
FORT MYERS FL 33911
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **02/20/1991**
3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0246908**
Applied For
Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

**TIMOTHY R. PARRY
800 LAUREL OAK DRIVE, #400
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name **WILLIAM KALISH, ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable) **101 E. KENNEDY BLVD., SUITE 4100**
83
84 City **TAMPA** **FL** 85 Zip Code **33602**

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 *[Signature]*
Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when effecting)

DATE **3/19/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 **941-336-4708**
Date Daytime Phone

CR2E034 (12/95)