SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -6 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S34259** **(9)**

1. Corporation Name
SEVEN SPRINGS PROPERTY MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
2020 SEVEN SPRINGS BLVD NEW PORT RICHEY FL 34655 US	17906 CRAWLEY ROAD ODESSA FL 33558

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/26/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-3055736** ☐ Applied For ☐ Not Applicable

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

6. Certified Copy (Additional Copies) ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

PERICH, BARBARA J.
17906 CRAWLEY ROAD
ODESSA FL 33558

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 _____ DATE
(Signature of New Registered Agent, if changed) (Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD PERICH, LARRY M 17906 CRAWLEY RD ODESSA FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	P.O. BOX 781 N/A ODESSA, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD PERICH, BARBARA J 17906 CRAWLEY RD ODESSA FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	P.O. BOX 781 N/A ODESSA, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

14. I (We) 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)(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: Barbara J. Perich 6-20-95 813 372-1311
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000187 CP