

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S41066** (9)

1. Corporation Name
GOURD NECK SPRINGS, INC.

Principal Place of Business PO BOX 770098 WINTER GARDEN FL 34777-0098	Mailing Address PO BOX 770098 WINTER GARDEN FL 34777-0098
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2. Principal Place of Business 21 419 E. Oakland Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 651 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/25/1991	3a. Date of Last Report 02/22/1996
22 City & State 23 Oakland, FL 34760		27 City & State 28 Oakland, FL 34760-0651		4. FEI Number 59-3059058	Applied For <input type="checkbox"/> Not Applicable
24 Zip 34760		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 34760		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 34760		29 Country USA		8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRITT, ROBERT NEIL 330 SOUTH TUBB STREET OAKLAND FL				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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GELTZ, THEODORE H. JR.		1.2 NAME	
STREET ADDRESS 17283 DAVENPORT RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER GARDEN FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COTTON & COMPANY		2.2 NAME	
STREET ADDRESS P. O. BOX 953208 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP STUART FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLIFTON, GEORGE MARTIN		3.2 NAME	
STREET ADDRESS 940 NORTH KEPLER		3.3 STREET ADDRESS	
CITY-ST-ZIP DELAND FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRITT, ROBERT NEIL		4.2 NAME	BRITT, ROBERT NEIL
STREET ADDRESS P. O. BOX 7770098 N/A		4.3 STREET ADDRESS	P.O. BOX 651 (N/A)
CITY-ST-ZIP WINTER GARDEN FL		4.4 CITY-ST-ZIP	OAKLAND, FL 34760-0651
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:  **4/7/97 407-877-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)