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Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S41066

(9)

1. Corporation Name

GOURD NECK SPRINGS, INC.

Principal Place of Business

419 E OAKLAND AVE
OAKLAND FL 34760
US

Mailing Address

P O BOX 651
OAKLAND FL 34760-0651
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1991

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRITT, ROBERT NEIL
330 SOUTH TUBB STREET
OAKLAND FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GELTZ, THEODORE H. JR.
17283 DAVENPORT RD.
WINTER GARDEN FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
COTTON & COMPANY
P. O. BOX 953208 N/A
STUART FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CLIFTON, GEORGE MARTIN
940 NORTH KEPLER
DELAND FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BRITT, ROBERT NEIL
P O BOX 651 N/A
OAKLAND FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change
Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

1/27/97 407-650-1113

CR2E034 (10/97)