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 # V11489 (4)

1. Corporation Name

BLUE SPRINGS PARK, INC.

Principal Place of Business	Mailing Address
P.O. BOX 331 HIGH SPRINGS FL 32643	P.O. BOX 331 HIGH SPRINGS FL 32643

3. Date Incorporated or Qualified: 02/03/1992
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-3103981 — ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip 32655 25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip 32655 30 Country

9. Name and Address of Current Registered Agent

ELLWANGER, THOMAS J.
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	Officers and Directors	Delete	13.	Additions/Changes	Change	Addition
TITLE	DP	☐ DELETE	1 1 TITLE		☒ Change	☐ Addition
NAME	BARR, HARRY E.		1 2 NAME			
STREET ADDRESS	P O BOX 9 N/A		1 3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST JOE FL		1 4 CITY-ST-ZIP	32457		
TITLE	DV	☐ DELETE	2 1 TITLE		☒ Change	☐ Addition
NAME	BARR, ROINA		2 2 NAME			
STREET ADDRESS	P O BOX 9 NA		2 3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST JOE FL		2 4 CITY-ST-ZIP	32457		
TITLE	S	☐ DELETE	3 1 TITLE		☐ Change	☒ Addition
NAME	DAVIS, KIMBERLY J.		3 2 NAME			
STREET ADDRESS	RT. 1, BOX 892		3 3 STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS FL		3 4 CITY-ST-ZIP	32643		
TITLE	T	☐ DELETE	4 1 TITLE		☐ Change	☒ Addition
NAME	BARR, H MATTISON		4 2 NAME			
STREET ADDRESS	1635 NW 71ST ST		4 3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		4 4 CITY-ST-ZIP	32605		
TITLE		☐ DELETE	5 1 TITLE		☐ Change	☐ Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE		☐ Change	☐ 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 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: Kimberly J. Davis — 3/27/96 — 904-454-1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)