

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

 95 APR 25 AM 9:10

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 712753 (3)

1. Corporation Name
520 SPRING AVENUE, INC.

Principal Place of Business 520 SPRING AVE ANNA MARIA FL 34216-0403 US	Mailing Address PO BOX 407 ANNA MARIA FL 34216-407 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/16/1967	3a. Date of Last Report 03/28/1994
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 520	2a. Mailing Address 26 PO BOX 4127
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34216-4127	Country 25
Zip 29 34216-4127	Country 30

9. Name and Address of Current Registered Agent

**HATCH, GERALD S
808 N.E. 12TH AVE
MULBERRY FL 33860**

10. Name and Address of New Registered Agent

B1 Name Geraldyn H. Carlton
B2 Street Address (P.O. Box Number is Not Acceptable) 9230 HALL RD.
B3 L
B4 City Lakeland
B5 Zip Code FL 33809

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 Geraldyn H. Carlton DATE **3-7-95**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE B	NAME BRIGHT, WILLIAM & JEAN
STREET ADDRESS 2107 PALMA SOLA BLVD. #77	
CITY - ST - ZIP BRADENTON FL 34209	
TITLE D	NAME SHIPPER, RICHARD & LOIS
STREET ADDRESS 2904 SUNNYCREST	
CITY - ST - ZIP KALAMAZOO MI 49001	
TITLE PD	NAME HATCH, GERALD S
STREET ADDRESS 808 N.E. 12TH AVE	
CITY - ST - ZIP MULBERRY FL	
TITLE D	NAME O'DONOVAN, RITA
STREET ADDRESS 520 SPRING AVE	
CITY - ST - ZIP ANNA MARIA FL 34216	
TITLE DT	NAME CAIN, PAT & PETER
STREET ADDRESS 520 SPRING AVE	
CITY - ST - ZIP ANNA MARIA FL 34216	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME ROBERT, ROBERT & DEBBIE	
2.3 STREET ADDRESS 520 SPRING AVE #1	
2.4 CITY - ST - ZIP ANNA MARIA FL 34216	
3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Carlton, Geraldyn H.	
3.3 STREET ADDRESS 9230 HALL RD.	
3.4 CITY - ST - ZIP Lakeland, FL 33809	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Geraldyn H. Carlton DATE **3-7-95** (813)688-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR