

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712753 (3)

1. Corporation Name  
520 SPRING AVENUE, INC.



Principal Place of Business: 520 SPRING AVE, ANNA MARIA FL 34216-4127 US  
Mailing Address: P O BOX 4127, ANNA MARIA FL 34216-4127 US

3. Date Incorporated or Qualified: 05/18/1967  
3a. Date of Last Report: 04/25/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	NOT APPLICABLE	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<del>GERALDYNE H CARLTON</del> <del>9230 HALL RD</del> <del>LAKELAND FL 33809</del>		81. Name	DEBBI ROBERTS
		82. Street Address (P.O. Box Number is Not Acceptable)	520 SPRING AVE #1
		83.	
		84. City	ANNA MARIA FL
		85. Zip Code	34216

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: DEBBI ROBERTS (Signature) Debbi Roberts (Handwritten Signature) DATE: 2-1-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, WILLIAM & JEAN	1.2 NAME	
STREET ADDRESS	<del>2107 PALMA SOLA BLVD #77</del>	1.3 STREET ADDRESS	4534 FERN DRIVE
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON FL 34208
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT, ROBERT & DEBBI	2.2 NAME	P/O
STREET ADDRESS	520 SPRING AVE 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA FL	2.4 CITY-ST-ZIP	
TITLE	<del>PD</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, GERALDYNE H	3.2 NAME	D
STREET ADDRESS	9230 HALL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONOVAN, RITA	4.2 NAME	
STREET ADDRESS	520 SPRING AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA FL 34216	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, PAT & PETER	5.2 NAME	
STREET ADDRESS	520 SPRING AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA FL 34216	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pete Cain (Signature) PETE CAIN (Printed Name) DATE: 2-16-96 (941) 778 2246

CR2E037 (12/95)