

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 # **697797** (9)

1. Corporation Name

SPANN & ASSOCIATES, INC.



Principal Place of Business

**901 SPRING VALLEY RD
ALTAMONTE SPGS FL 32714**

Mailing Address

**901 SPRING VALLEY RD
ALTAMONTE SPGS FL 32714**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SPANN, JAMES H.
901 SPRING VALLEY RD
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified

08/05/1981

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2390596

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

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

SIGNATURE

Signature typed or printed name of registered agent and the corporation

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PST
SPANN, JAMES H.
901 SPRING VALLEY RD.
ALTAMONTE SPRGS FL**

☐ DELETE

TITLE

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE

☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE

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STREET ADDRESS
CITY - ST - ZIP

TITLE

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STREET ADDRESS
CITY - ST - ZIP

TITLE

☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H SPANN
President

Date

4/12/96

407 788876

Office Phone #

CR2E034 (12/95)