

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 719247 (9)**

1. Corporation Name

**C. SPELLMAN, INC.**

Principal Place of Business

**3435 FISKE BLVD.  
ROCKLEDGE FL 32955-4507**

Mailing Address

**P.O. BOX 580531  
ROCKLEDGE FL 32956-0531**3. Date Incorporated or Qualified  
**09/02/1970**3a. Date of Last Report  
**07/17/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City &amp; State

**23**

Zip

Country

**24****25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City &amp; State

**28**

Zip

Country

**29****30**

4. FEI Number

**23-7184971**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINK, ROBERT W  
800 SANDHILL CRANE CT  
VIEVA FL 32955**

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 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

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	<b>M</b>	DELETE
NAME	<b>MELLONE, JAMES</b>	
STREET ADDRESS	<b>103 BROOKHILL DRIVE</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	<b>P</b>	DELETE
NAME	<b>LINK JR, ROBERT W.</b>	
STREET ADDRESS	<b>800 SANDHILL CRANE CT</b>	
CITY-ST-ZIP	<b>VIEVA FL</b>	
TITLE	<b>D</b>	DELETE
NAME	<b>CHANCE, STANLEY</b>	
STREET ADDRESS	<b>2229 IONA DR</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	<b>B</b>	DELETE
NAME	<b>TREMLET, ALBERT</b>	
STREET ADDRESS	<b>715 JACARANDA ST.</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>T</b>	DELETE
NAME	<b>NEDELL, WALTER J</b>	
STREET ADDRESS	<b>1331 CALIFORNIA DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>D</b>	DELETE
NAME	<b>KIRSCH, PAUL F</b>	
STREET ADDRESS	<b>2824 SHEPARD DRIVE</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	

1.1 TITLE	<b>DIRECTOR (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>SECRETARY (S)</b>	<input checked="" 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020318

CR2E037 (9/96)