

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995. AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL 17 AM 9:29

**DOCUMENT # P94000072300 (4)**

1. Corporation Name

**SPECTRUM MANAGEMENT SERVICES, INC.**

Principal Place of Business

Mailing Address

3413 W KENNEDY BLVD  
TAMPA FL 33609

3413 W KENNEDY BLVD  
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3288798

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under a 199 032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNETT, SCOTT F  
401 E JACKSON ST  
SUITE 2400  
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: WHITE, GURNEY D  
STREET ADDRESS: 2005 IOWA AVE NE  
CITY - ST - ZIP: ST PETERSBURG FL 33703

11 TITLE:  Change  Addition  
12 NAME:  Change  Addition  
13 STREET ADDRESS:  Change  Addition  
14 CITY - ST - ZIP:  Change  Addition

TITLE: D  
NAME: ASTON, WALTER D JR.  
STREET ADDRESS: 4350 13TH LN NE  
CITY - ST - ZIP: ST PETERSBURG FL 33703

21 TITLE:  Change  Addition  
22 NAME:  Change  Addition  
23 STREET ADDRESS:  Change  Addition  
24 CITY - ST - ZIP:  Change  Addition

TITLE: D  
NAME: DAVIS, PERRY P  
STREET ADDRESS: 1948 KANSAS AVE NE  
CITY - ST - ZIP: ST PETERSBURG FL 33703

31 TITLE:  Change  Addition  
32 NAME:  Change  Addition  
33 STREET ADDRESS:  Change  Addition  
34 CITY - ST - ZIP:  Change  Addition

TITLE: D  
NAME: BENNICK, RONNIE D  
STREET ADDRESS: 3104 TARABROOK DR  
CITY - ST - ZIP: TAMPA FL 33618

41 TITLE:  Change  Addition  
42 NAME:  Change  Addition  
43 STREET ADDRESS:  Change  Addition  
44 CITY - ST - ZIP:  Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

51 TITLE:  Change  Addition  
52 NAME:  Change  Addition  
53 STREET ADDRESS:  Change  Addition  
54 CITY - ST - ZIP:  Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

61 TITLE:  Change  Addition  
62 NAME:  Change  Addition  
63 STREET ADDRESS:  Change  Addition  
64 CITY - ST - ZIP:  Change  Addition

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)(a), 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:

*G. D. White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GURNEY D. WHITE

3 JULY 1995 (813)521-2383

Date

Telephone

CR2E034 (3/95)