

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 12 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P95000080995 (0)

1. Corporation Name
SPS HOLDINGS, INC.



Principal Place of Business
**2121 CORNELL STREET
SARASOTA FL 34237**

Mailing Address
**2121 CORNELL STREET
SARASOTA FL 34237-3437**

3. Date Incorporated or Qualified
10/23/1995

3a. Date of Last Report
07/02/1996

2. Principal Place of Business
21 **1610 Independent Square**

2a. Mailing Address
26 **1610 Independent Square**

4. FEI Number
65-0614803

Applied For
 Not Applicable

22 City & State
23 **Jacksonville, FL**

27 City & State
28 **Jacksonville, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip 32202 25 Country
29 Zip 32202 30 Country

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent
**FIELDSTONE, RONALD R
200 S. BISCAYNE BLVD.
SUITE 2100
MIAMI FL 33131**

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
Main, James L.

82 Street Address (P.O. Box Number is Not Acceptable)
Kirschner, Main, Graham, Tanner, & Demont

83
1610 Independent Square, Suite 2000

84 City
Jacksonville, FL 85 Zip Code
32202

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 *James L. Main* **James L. Main, Registered Agent** **4/23/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ASHBY, PAMELA		1.2 NAME McCrae, Walter	
STREET ADDRESS 2121 CORNELL STREET		1.3 STREET ADDRESS 1725 Memorial Park Drive	
CITY-ST-ZIP SARASOTA FL 34237		1.4 CITY-ST-ZIP Jacksonville, FL 32204	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALLEN, RICHARD S		2.2 NAME Kuhne, John	
STREET ADDRESS 2121 CORNELL STREET		2.3 STREET ADDRESS 14 South Main Street	
CITY-ST-ZIP SARASOTA FL 34237		2.4 CITY-ST-ZIP Greenville, SC 29601	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MACDONNELL, RUSSELL R		3.2 NAME Lanigan, Mindy	
STREET ADDRESS 2121 CORNELL STREET		3.3 STREET ADDRESS 1610 Independent Sqaure	
CITY-ST-ZIP SARASOTA FL 34237		3.4 CITY-ST-ZIP Jacksonville, FL 32202	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PURCELL, KENNEH E		4.2 NAME Purcell, Kenneth E.	
STREET ADDRESS 16120 INDEPENDENT SQUARE		4.3 STREET ADDRESS 1610 Independent Square	
CITY-ST-ZIP JACKSONVILLE FL 32202		4.4 CITY-ST-ZIP Jacksonville, FL 33202	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEIN, ROBERT L		5.2 NAME	
STREET ADDRESS 16120 INDEPENDENT SQUARE		5.3 STREET ADDRESS 1610 Independent Square	
CITY-ST-ZIP JACKSONVILLE FL 32202		5.4 CITY-ST-ZIP Jacksonville, FL 32202	
TITLE S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TAUB, ANDREW		6.2 NAME Marinatos, Anthony	
STREET ADDRESS 2121 CORNELL STREET		6.3 STREET ADDRESS 1610 Independent Square	
CITY-ST-ZIP SARASOTA FL 34237		6.4 CITY-ST-ZIP Jacksonville, FL 32202	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mindy Lanigan* **Mindy Lanigan** **4/22/97** **(904)355-3519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY/TREASURER Daytime Phone #

CR2E034 (9/96)