

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P96000053826 (9)**
1. Corporation Name
THE IN SPOT, INC.

Principal Place of Business 18192 HORSESHOE BAY CIRCLE FT MYERS FL 33912	Mailing Address 18192 HORSESHOE BAY CIRCLE FT MYERS FL 33912
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1668 I ST. Suite, Apt. #, etc.		2a. Mailing Address 26 1668 I ST. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/25/1996	
22 City & State 23 FT. Myers Bch., FL.		27 City & State 28 FT. Myers Bch., FL.		4. FEI Number 65-0674600	
24 Zip 33931		29 Zip 33931		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25 Country LEE		30 Country LEE		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WOHLERT, DONNA M 18192 HORSESHOE BAY CIRCLE FT MYERS FL 33912				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	WOHLERT, DONNA M	1.2 NAME	DONNA OLEN
STREET ADDRESS	18192 HORSESHOE BAY CIRCLE	1.3 STREET ADDRESS	1668 I ST.
CITY-ST-ZIP	FT MYERS FL 33912	1.4 CITY-ST-ZIP	FT. Myers Bch., FL. 33931
TITLE	VSD	2.1 TITLE	
NAME	BARD, RUTH N	2.2 NAME	
STREET ADDRESS	14537 CYPRESS TRACE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Donna Wohler

3-18-98 941-463-9323

CR2E034 (10/97)