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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 353636

(4)

| SPEIR   | CONSTRUCTION COMPAN                               | 14   |                               |                         |   |                                       |
|---|---|--|-------------------------------|-------------------------|---|---------------------------------------|
| Principal Place of Business Mailing Address   |   |  |                               |                         |   |                                       |
|   |   |  |                               |                         |   |                                       |
| 2433 E MAIN ST 2433 E MAIN ST LAKELAND FL 33801 LAKELAND FL 33801   |   |  |                               |                         | DO NOT WRITE IN THIS SPACE                          |                                       |
|   |   |  |                               |                         | 3. Date Incorporated or Qualified                   | -                                     |
|   |   |  |                               |                         | 10/10/1969  |                                       |
| 2. Principal Place of Business 2a. Mailing Address  |   |  |                               |                         | 4. FEI Number                                       | Applied For                           |
| 21 26   |   |  |                               |                         | 59-1309263  | Not Applicable                        |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                              | Suite, Apt. #, etc.           |                         | 5. Certificate of Status Desired                    | \$8.75 Additional<br>Fee Required     |
| City & State  |   | City & State                                     |                               |                         | 6. Election Campaign Financing                      | \$5.00 May Be                         |
| 23  |   | 28   |                               | Trust Fund Contribution | Added to Fees                                       |                                       |
| Zip   | Country Zip Cou                                   |  | Country                       | ,                       | 8. This corporation owes or has paid the o          | current year Intangible               |
| 24  | 25  |  | 30                            |                         | Personal Property Tax due June 30.                  | Yes No                                |
|   | 9. Name and Address of Curre                      | ent Registered Agent                             | 81                            |                         | <ol><li>Name and Address of New Registere</li></ol> | d Agent                               |
| SPEIR, ANNIE RUTH   |   |  |                               | Name                    |   | ·                                     |
|   | 23 PL PLACE<br>KELAND FL 33801                    |  | 82                            | Street Addre            | ss (P.O. Box Number is Not Acceptable)              |                                       |
|   | VELOUGH I E GOOD!                                 |  | 83                            |                         |   | ··                                    |
|   |   |  | 84                            | City                    |   | 85 Zip Code                           |
|   |   |  |                               |                         | F   |                                       |
| 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. |   |  |                               |                         |   |                                       |
| agent. I a  | ım familiar with, and accept the obliq            | gations of, Section 607.0505, Flo                | rida Statutes                 | s.                      |   | Apolitica no rogiotoros               |
| SIGNATURE   |   |  |                               |                         |   | · · · · · · · · · · · · · · · · · · · |
| 12,   | Signature, typed or printed name of registered ag | Gent and title it applicable. (NOTE ND DIRECTORS | 13.                           | nt signature required   |   | UD DYDEOTODO IN 40                    |
| TITLE   | PD  | DELETE   | 1,1 TITLE                     |                         | ADDITIONS/CHANGES TO OFFICERS AT                    | Change Addition                       |
| NAME  | SPEIR, ANNIE RUTH                                 |  | 1.2 NAME                      |                         |   | Clissife Dyndition                    |
| STREET ADDRESS  | 1323 PLEASANT PLACE                               |  | 1.3 STREET ADDRESS            |                         |   |                                       |
| CITY-ST-ZIP   | LAKELAND FL                                       |  | ı i                           |                         |   |                                       |
| TITLE   | LANCOAND I C                                      | DELETE   | 1.4 CITY-ST-ZIP<br>2.1 TITLE  |                         |   | Change Addition                       |
| NAME  |   |  | 2.2 NAME                      |                         |   | Li Change Li Addition                 |
| STREET ADDRESS  |   |  | 2.3 STREET ADDRESS            |                         |   |                                       |
| CITY-ST-ZIP   |   |  | i i                           | ·                       |   |                                       |
| TITLE   | // // // // // // // // // // // // //            | DELETE   | 2. 4 CFTY - S<br>3.1 TITLE    | 1-ZIP                   |   | Change Addition                       |
| NAME  |   |  | 3.2 NAME                      |                         |   | Villago /illantion                    |
| STREET ADDRESS  | i i   |  | 3.3 STREET                    | ADDDESS                 |   |                                       |
| CITY-ST-ZIP   | ļ   |  | 3.4. CITY-S                   |                         |   |                                       |
| TITLE   |   |  | 4.1 TITLE                     | 1-21                    |   | Change Addition                       |
| NAME  |   |  | 4. 2 NAME                     |                         |   |                                       |
| STREET ADDRESS  | i   |  | 4.3 STREET                    | ADROPEGE                |   |                                       |
| CITY-ST-ZIP   |   |  | 4.4 CITY-ST-ZIP               |                         |   |                                       |
| TITLE   |   | ☐ DELETE   | 5.1 TITLE                     |                         | ·   | Change Addition                       |
| NAME  |   |  | 5.2 NAME                      |                         |   | o.m.go /nduktoti                      |
| STREET ADDRESS  |   |  | 5.3 STREET                    | ADDRESS                 |   |                                       |
| CITY-ST-ZIP   |   |  |                               |                         |   |                                       |
| TITLE   |   | ☐ DELETE   | 5.4 CITY-ST-ZIP ETE 6.1 TITLE |                         |   | ☐ Change ☐ Addition                   |
| NAME  |   |  | 6.2 NAME                      |                         |   | Grange Addition }                     |
| STREET ADDRESS  |   |  | 6.3 STREET                    | UUBESS                  |   |                                       |
| OTTL OF THE   |   |  | 0.5 STREET                    | ADDITION                |   | ļ                                     |

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.

**FILED** 

Jan 23 1998 8:00am

Secretary of State