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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 408992 (6)
1. Corporation Name
SPEAR, NEIL, INC.

Principal Place of Business Mailing Address
RT 4, BOX 125 RT 4, BOX 125
BONIFAY FL 32425 BONIFAY FL 32425-9629



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1972	3a. Date of Last Report 03/18/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-1416422		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Zip	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SPEAR, NEIL
RT 4 BOX 125
BONIFAY FL 32425

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 *Betty Anne Spear* DATE 3-12-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SPEAR, NEIL	1.2 NAME	
STREET ADDRESS	RT 4 BOX 125	1.3 STREET ADDRESS	
CITY - ST - ZIP	BONIFAY FL	1.4 CITY - ST - ZIP	
TITLE	DEVS	2.1 TITLE	
NAME	SPEAR, BETTY A	2.2 NAME	
STREET ADDRESS	RT 4 BOX 125	2.3 STREET ADDRESS	
CITY - ST - ZIP	BONIFAY FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	
NAME	SPEAR, RANDALL N	3.2 NAME	
STREET ADDRESS	ROUTE 4 BOX 124	3.3 STREET ADDRESS	
CITY - ST - ZIP	BONIFAY FL	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 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: *Betty Anne Spear*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97 904-547-4651
Date Daytime Phone #