

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 FEB 23 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 415673

(3)

1. Corporation Name

SPINNING SPOKES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/29/1972
3a. Date of Last Report 03/22/1994

4. FEI Number 59-1651046
Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 State Apt. #, etc. 22 City & State 23 Zip Country 24

2a. Mailing Address

26 State Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent

WATSON, TIMOTHY D.
8244 S.W. 184TH TERRACE
MIAMI FL 33157

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 of person in printed name of registered agent and title of application

NOTE: Registered Agent signature required when new/dating

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WATSON, TIMOTHY D.
STREET ADDRESS 8244 S.W. 184TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE V
NAME WATSON, THOMAS
STREET ADDRESS 19900 S.W. 260TH STREET
CITY-ST-ZIP HOMESTEAD FL

TITLE ADS
NAME WATSON, TERRY
STREET ADDRESS 4012 JANET ST
CITY-ST-ZIP LITHIA SPRINGS GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(k), 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. I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Timothy D. Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-95

305-233-2135