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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 416257

(4)

Mailing Address

RESERVE SUPPLY OF VOLUSIA INC

TILLI
Apr 04 1997 8:00am
Secretary of State

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2900 OCEANSHORE BLVD. UN 101 ORMOND BEACH FL 32176			2900 OCEANSHORE BLVD. UN 101 ORMOND BEACH FL 32176-2374			
					3. Date Incorporated or Qualified 01/09/1973	3a. Date of Last Report 01/24/1996
2. Princ-pal Fl	lace of Business	2a. Mailing Address		*****	4. FEI Number	Applied For
21		26			59-1434996	Not Applicable
Suite Apt	# etc	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	(t	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	☐ Added to Fees
Zφ	Country	Zip	Count	У	8. This corporation has liability for it	ntangible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes No		
	<ol><li>Name and Address of Curre</li></ol>	ent Registered Agent		T	10. Name and Address of New Reg	alstered Agent
SPO <sup>1</sup>	tts, robert J.		8	Name		
	OCEANSHORE BLVD, UN 101 OND BEACH FL 32015	l	8	Street Add	dress (P.O. Box Number is Not Acceptab	le)
Oim	OND DESCRIPT E GEOTO		8	3		***************************************
			8	City	***************************************	FL 85 Zip Code
office or n agent. Lai SIGNATURE	egistered agent, or both, in the Stat m familiar with and accept the obli	te of Florida. Such change wa gations of, Section 607.0505	as authorized I , Florida Statut	by the corporates.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
	Sharatan, Typed or printed name of registered a		NO1E: Registered A	Jent eignature redi	uired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFIC	
111:4	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	SPOTTS, ROBERT J.		1.2 NAMI			
STREET ADDRESS	2900 OCEANSHORE BLVD		1.3 STRE	t address		
C 1Y ST ZIP	ORMOND FL	····	14 CiTY-	ST-ZIP		
THEF	\$T	DELETE	21 TITLE			Change Addition
NAME	SPOTTS, MAUREEN M.		2.2 NAMI			
\$1REE! ADDRESS	2900 OCEANSHORE BLVD		2 3 STRE	T ADDRESS		
City-St 7if	ORMOND FL		2.4 CITY	-ST-ZIP		
11116		☐ DELETE	3.1 TITLE			Change Addition
MAME			3.2 NAM		4.£	•
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CHY ST Zift			3.4. CITY	-ST-ZIP		
1 ILF		DELETE	4 1 TITLE			Change Addition
NAME			4. 2 NAM	£		
SIREET ADDRECT			4.3 STRE	ET ADDRESS		
CHY-SI ZiP			. 4.4 CITY	ST-7IP		
Til.F		DELETE	5.1 TITLE			Change Addition
NAM:			5.2 NAM			
STREET ANDERSA			53 STRE	ET ADDRESS		
C11Y S1-7iP			5.4 City			
160		DELETE	6.1 TITLE	· <del></del>		Change Addition
NAME		-	6.2 NAM			
STREET ADDRESS			- 1	ET ADDRESS		
(01Y-S)-702	1	ind a the April Etting along makes	6.4 CITY	31-ZIF	ed in Section 110.07(2)(i) Florida Statuto	- 1 feether and feether

. 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 have officer or discount 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.

**SIGNATURI** 

MAUREEN SPOTTS

4/1/47

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