

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

FILED

Apr 03 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 # 432009

(9)

1. Corporation Name

SPERRY & ASSOCIATES, INC.

Principal Place of Business

4800 WOODLANE CIR.
TALLAHASSEE FL 32303

Mailing Address

4800 WOODLANE CIR.
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1973

4. FEI Number

59-1481055

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SPERRY, DONALD B
4877 ANNETTE DRIVE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

Todd H. Sperry

82 Street Address (P.O. Box Number is Not Acceptable)

7064 Atascadero Lane

83

84 City

Tallahassee

FL

85 Zip Code

32311

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

Todd H. Sperry
Signature, typed or printed name of registered agent and title if applicable

Todd H. Sperry, President

4/1/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME SPERRY, DONALD B
STREET ADDRESS 4877 ANNETTE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 00000 ☐ DELETE

TITLE VP
NAME BENTON, TONY C.
STREET ADDRESS RT 5, BOX 2494
CITY-ST-ZIP SOPCHOPPY FL ☐ DELETE

TITLE SV
NAME WELLS, BARTLETT C.
STREET ADDRESS 1104 DOMINGO DR
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE P
NAME SPERRY, TODD H.
STREET ADDRESS 728 EAST 8TH ST
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 32303

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 48 Sanders Cemetery Road
2.4 CITY-ST-ZIP Sopchoppy, FL 32358

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 339 Milestone Drive
3.4 CITY-ST-ZIP Tallahassee, FL 32312

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 7064 Atascadero Lane
4.4 CITY-ST-ZIP Tallahassee, FL 32311

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address.

SIGNATURE:

4/1/98

President (850) 562-1101

CR2E034 (10/97)