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Feb 18 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 # 476377 (7)

1. Corporation Name
SPIRAL CIRCLE, INC.

Principal Place of Business
3900 MOCKINGBIRD LANE
ORLANDO FL 32803

Mailing Address
3900 MOCKINGBIRD LANE
ORLANDO FL 32803-2412



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1975		3a. Date of Last Report 04/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1594010		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. 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

FORD, WILLIAM Y.
3900 MOCKINGBIRD LANE
ORLANDO FL

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FORD, BEVERLY A.	1.2 NAME	
STREET ADDRESS	3900 MOCKINGBIRD LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	FORD, WILLIAM Y.	2.2 NAME	
STREET ADDRESS	3900 MOCKINGBIRD LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	
NAME	FORD, WILLIAM Y.	3.2 NAME	
STREET ADDRESS	3900 MOCKINGBIRD LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	
NAME	FORD, AMY K	4.2 NAME	
STREET ADDRESS	3900 MOCKINGBIRD LN 2	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	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:

Beverly A. Ford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 407/894-9854
Date Daytime Phone #

CR2E034 (9/96)