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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 544420

Country

9. Name and Address of Current Registered Agent

25

(3)

SPIKECO, INC.

•

Principal Place of Business

2. Principal Piace of Business

Suite, Apt. #. etc.

SIGNATURE:

City & State

Mailing Address

26

27

28

29

13 CHERRY TREE LANE NAPLES FL 33961

21

22

23

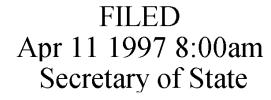
13 CHERRY TREE LANE NAPLES FL 34114-8747

Mailing Address

Suite, Apt. #, etc.

City & State

Zip





Yes 🗌 No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report 01/30/1996

Applied For

\$8.75 Additional

Fee Required

\$5,00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

09/01/1977

59-1794410

Florida Statutes

ELKINS, JAMES W. 800 HARBOUR DRIVE NAPLES FL			Name		
			92 Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	Cit	City 85 Zip Code	
		$\perp$ 1	l :		
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, yourd or purified name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND DIRECTORS 11		ar ng:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	- Control of the Cont	TITLE		Change Addition	
NAME	FOUST, JEWELL E. 12	NAME			
STREET ADDRESS	A OUEDDU TOEF LANE	STREET	ADDR	PRESS	
C-TY - ST - ZIP	NAPLES FL 14	CITY-S	T-ZIP	P	
THILE	V DELETÉ 21	TITLE		Change Addition	
NAME	CHEFFER, DONALD H.	NAME		]	
STREET ADDRESS	131 FAIRWAY DR.	STREET	ADDRE	URESS	
CITY-ST-7IP	CRESTWOOD IL	CITY-S	ST-ZIP	.p	
THEE	ST DELETE 3.1	TITLE		Change Addition	
NAME	FOUST, LINDA L 32	NAME			
STREET ADORESS	13 CHERRY TREE LANE	STREET	ADDRE	PRESS	
CHY-ST-ZIP	NAPLES FL 3.4	CITY-S	ST - ZIP	IP	
THILE	DELETE 41	TITLE		Change Addition	
NAME	j <b>4.</b> 3	NAME			
STREET ADDRESS	4.3	STREET	ADDRE	PRESS (	
CITY - S1 - ZIP	4.4	CITY-S	T-ZIP	ρ	
TITLE	☐ DELETE 5.1	TITLE		Change Addition	
NAME	52	NAME			
STHEET ACCORESS	5.3	STREET	ADDRE	HESS (	
CITY - \$1 - ZIP	5.4	CITY-S	T-21P	P	
TITLE	DELETE 6.1	TITLE		Change Addition	
NAME	62	NAME			
STREET ADORESS	6.3	STREET	ADDRE	iress	
CHY-ST-7P	64	CITY-S	T-ZIP	P	
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.					

Country

30